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**THIRTY-FIRST ANNUAL
REPORT OF THE SCHOOL
MEDICAL OFFICER.**



**COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE
1938.**

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THIRTY-FIRST
ANNUAL REPORT

OF THE


School Medical Officer,

ON THE

Medical Inspection and Treatment of
School Children,

For the Year ended 31st December, 1938.

*(Presented to the Child
Welfare Sub-Committee
May 10th - 1939)*



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SUMMARY OF WORK.

A.—Medical Officers at Schools.

Routine Inspections at Elementary Schools	51,190
Routine Inspections at Secondary Schools	...	...	...	...	...	...	6,093
Special Inspections at Elementary Schools	...	...	...	...	...	...	4,936
Special Inspections at Secondary Schools	...	...	...	...	...	...	339
Re-inspections at Elementary Schools	...	...	...	...	...	...	15,427
Re-inspections at Secondary Schools	...	...	...	...	...	...	1,214

B.—Medical Officers at Clinics.

Inspections at Clinics (including Specialist Clinics)	...	...	...	...	...	...	30,506
Inspections under Employment of Children Bye-laws	...	...	...	...	...	...	1,260

C.—Dental Officers.

Routine Inspections at Elementary Schools	...	...	...	...	...	...	98,856
do. do. Secondary Schools	...	...	...	...	...	...	4,965
Special Inspections at Elementary Schools	...	...	...	...	...	...	3,055
do. do. Secondary Schools	...	...	...	...	...	...	—
Attendances for Treatment at Clinics—Elementary	...	...	...	...	...	...	60,423
do. do. do. —Secondary	...	...	...	...	...	...	4,665

D.—School Nurses and Health Visitors.

Visits to Schools	...	...	...	...	...	...	...	6,089
Examinations (including Cleanliness Inspections in Schools)	...	...	...	...	...	...	...	387,628
Visits to Homes	...	...	...	...	...	...	...	29,227

E.—School Clinics.

Number of Minor Ailments Treated	...	...	...	...	...	...	...	50,479
Total Number of Attendances	...	...	...	...	...	...	...	179,727

WEST RIDING EDUCATION COMMITTEE.

The Chairman of the County Council.

(County Alderman W. B. Cartwright.)

The Vice-Chairman of the County Council.

(County Alderman Sir John B. Quarmby, K.B.)

The Chairman of the Finance Committee.

ALDERMEN.

Armistead, J. H., M.A.

Brigg, J. J., M.A., LL.M.

(*Vice-Chairman*).

Eddy, H., M.B.E.

Foulstone, T. H.

Grylls, R. M.

Hyman, W. M.

(*Chairman*).

Lane, J. W.

Schofield, G.

Smith, Lady Mabel

Spence, T. F.

Tomlinson, T.

Turner, W. H.

COUNCILLORS.

Allan, J. T.

Barber, A.

Blewitt, W. T.

Brayshay, S.

Broadley, K., B.Sc.

Brooks, T. J., M.B.E.

Brooksbank, W. H.

Campinot, A.

Fawcett, F. F.

Flavell, A.

Hirst, F.

Holmes, H. E., D.C.M.

Houldsworth, Mrs. H. F.

Johns, W. J.

Mather, Dr. J. de Ville

Middlebrook, H. A.

Paling, W. T.

Shaw, Rev. G. M.

Smith, Mrs. J.

Taylor, E.

Townsend, A.

Wilson, A.

Wilson, Dr. A. G.

Wragg, Mrs. E., M.B.E.

ADDED MEMBERS.

Green, Mrs. H., B.A.

Hazelip, Mrs. E.

Hinchliffe, Miss M.

Singleton, Mrs. M.

Everatt, W. T.

Glasier-Foster, F.

Jones, B. Mouat, M.A.

Masson, Dr. Irvine, M.B.E.

Spivey, T. W.

CHILD WELFARE SUB-COMMITTEE.

Members of West Riding Education Committee.

County Aldermen H. Eddy, M.B.E., J. W. Lane and G. Schofield.

County Councillors W. H. Brooksbank, Dr. J. de Ville Mather, Mrs. J. Smith and A. Townsend.

Added Members: Mrs. H. Green, B.A., Miss M. Hinchliffe, Mrs. M. Singleton, Mr. W. T. Everatt and Mr. F. Glasier-Foster.

Members of West Riding Public Health and Housing Committee.

County Aldermen G. Probert and T. Tomlinson.

County Councillors J. T. Allan, W. T. Blewitt (*Chairman*), H. S. Drake (*Vice-Chairman*), A. Fletcher, A. Fouchard, Mrs. M. Heald, W. J. Johns, W. E. Jones, J. Wilkinson and Mrs. E. Wragg, M.B.E.

STAFF.

County Medical Officer and School Medical Officer—T. N. V. Potts, M.D., D.P.H.

Assistant School Medical Officer—Reginald Lawrence, M.D., D.P.H.

Assistant County Medical Officer—J. Wood Wilson, M.D., D.P.H.

School Oculists.

Christina S. Stoddart, M.B.

Hannah W. Murphy, M.B., D.P.H.

Claudius G. Kay Sharp, M.D. (part time).

Aural Surgeon.

HUGH M. PETTY, M.B. (part-time).

School Medical Inspectors.

Centre							Name of Officer		
Skipton	...	...	...	...	...	...	James M. Anderson, M.R.C.S., L.R.C.P.		
Ilkley	...	...	...	...	...	...	...	...	Nora M. Allan, M.B.
Harrogate	...	...	...	...	...	...	Josephine Coupland, M.B., B.S., D.P.H.		
Halifax	...	...	...	...	...	...	...	...	Janet M. Macmillan, M.B., D.P.H.
Wakefield	...	...	...	...	...	...	Gerald P. Holderness, M.B., D.P.H.		
Leeds	...	...	...	...	...	...	...	...	Margaret E. Peaker, M.R.C.S., L.R.C.P.
Pontefract (East)	...	...	...	...	...	...	Linda Symons, M.R.C.S., L.R.C.P.		
Huddersfield	...	...	...	...	...	...	...	...	Annabella Rennie, M.B.
Barnsley (West)	...	...	...	...	...	...	Jean V. Kirkwood, M.B., D.P.H.		
Pontefract (West)	...	...	...	...	...	...	Gertrude M. Mayhall, M.R.C.S., L.R.C.P.		
Barnsley (East)	...	...	...	...	...	...	...	...	Jean J. Smith, M.B., D.P.H.
Doncaster (West)	...	...	...	...	...	...	Bethia M. Newlands, M.B., D.P.H.		
Doncaster (East)	...	...	...	...	...	...	...	...	Duncan C. Rice, M.B.
Sheffield	...	...	...	...	...	...	...	...	Stuart Lindsay, M.B.
Rotherham (North)	...	...	...	...	...	...	...	...	Joyce E. M. White, M.R.C.S., L.R.C.P.
Rotherham (South)	...	...	...	...	...	...	...	...	Rosie B. Becker, M.D., D.P.H.
Rotherham and Kiveton Park Rural Districts	...	...	...	...	...	...	...	...	John M. Watt, M.D., D.P.H. (part-time)

Dental Staff.

BERNARD R. TOWNEND, L.D.S., Senior Dental Officer.

George O. Wood, L.D.S.	...	...	...	...	...	...	...	George Kilvington, L.D.S.
Bernard Sleight, B.Ch.D.	...	...	...	...	...	...	...	Kevern Batten, L.D.S.
Marion M. Thom, L.D.S.	...	...	...	...	...	...	...	James M. Macdonald, L.D.S.
Henry F. Jones, L.D.S.	...	...	...	...	...	...	...	John Mackay, L.D.S.
Dorothy M. Phillips, L.D.S.	...	...	...	...	...	...	...	Joseph Jackson, L.D.S.
Eric Thornton, L.D.S.	...	...	...	...	...	...	...	Rachel Sclare, L.D.S.
William P. Jones, L.D.S.	...	...	...	...	...	...	...	Jas. R. Wishart, L.D.S.
Marcus Hattan, L.D.S.	...	...	...	...	...	...	...	William Rodger, L.D.S.
Geoffrey H. Bulcock, L.D.S.	...	...	...	...	...	...	...	James Todd, L.D.S.
Mary W. Shaw, L.D.S.	...	...	...	...	...	...	...	Mary M. Gibson, L.D.S.
Sidney Ackers, L.D.S.	...	...	...	...	...	...	...	F. C. Shenton, L.D.S.
Annie W. Russell, L.D.S.	...	...	...	...	...	...	...	Patricia S. Nash, L.D.S.
Oswald A. Long, L.D.S.	...	...	...	...	...	...	...	Richard K. Cole, L.D.S.
Fred W. Buzza, L.D.S.	...	...	...	...	...	...	...	Walter H. Etheridge, L.D.S.
J. G. Richardson, L.D.S.								

School Nurses who assist School Dentists (Whole-time)	9
Dental Attendants (whole-time)	21
School Nurses and Health Visitors (whole time)	120
School Nurses and Health Visitors (part-time)	14
School Nurses and Health Visitors employed by District Nursing Associations and Local Authorities	69
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REPORT of the SCHOOL MEDICAL OFFICER for the Year ended 31st December, 1938.

1. Area, Population, Staff.

The population of the Administrative County of the West Riding of Yorkshire in 1938, was 1,501,100. The County Council is the authority for education as follows:—

(1) FOR ELEMENTARY EDUCATION.

The whole of the Administrative County (with the exception of the Boroughs of Batley, Brighouse, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden, and the Urban Districts of Shipley and Spenborough) containing a population of 1,139,820.

(2) FOR SECONDARY EDUCATION.

The whole of the Administrative County containing a population of 1,501,100.

The area in (1) above includes 776 elementary schools, with 1,067 departments, and on the 31st December, 1938, there were 157,982 children on the registers.

The area in (2) includes 52 secondary schools, and on the 31st December, 1938, there were 18,336 pupils on the registers. In addition, there are three schools, *viz.*: Barnsley Boys' Grammar School, Barnsley Girls' High School and Huddersfield Royds Hall Secondary School which are administered jointly by the County Council and the County Boroughs of Barnsley and Huddersfield respectively. The number of West Riding pupils in these three schools is included in the above figure of 18,336.

For educational purposes the County Education area is mapped out into 97 districts, in each of which there is a district sub-committee, and these again are grouped into 23 divisions, each with a Divisional Clerk as local representative of the Education Authority.

Owing to a re-arrangement of boundaries, 16 schools with 2,281 scholars were transferred from the County Education Committee to Part III Authorities and County Boroughs, on April 1st, 1938, and this necessitated an alteration in the areas of certain School Medical Inspectors and Dentists.

STAFF.

The following is a summary of the medical, dental and nursing staffs employed in connection with School Medical Inspection during 1938:—

(a) MEDICAL.

School Medical Inspectors	(whole-time)	...	...	...	...	...	...	16
School Medical Inspector	(part-time)	...	...	...	...	...	...	1
School Oculists	(whole-time)	...	...	...	...	...	...	2
Do.	(part-time)	...	...	...	...	...	...	1
Aural Surgeon	(part-time)	...	...	...	...	...	...	1

(b) DENTAL.

Senior Dental Officer	(whole-time)	...	...	...	...	...	...	1
Assistant Dental Officers	(whole-time)	...	...	...	...	...	...	29

(c) NURSING.

School Nurses and Health Visitors	(whole-time)	...	...	...	...	...	...	120
School Nurses and Health Visitors	(part-time)	...	...	...	...	...	...	14
School Nurses and Health Visitors employed by District Nursing Associations and Local Authorities	(part-time)	...	...	...	...	...	...	69
Dental Nurses	(whole-time)	...	...	...	...	...	...	9
Dental Attendants	(whole-time)	...	...	...	...	...	...	21

The following changes in the staff took place during 1938:—

(a) MEDICAL.

(i) *Appointments.*

Dr. L. Symons (Temp.)

(c) DENTAL ATTENDANTS.

(i) *Appointments.*

Miss K. M. Fairs.

Miss K. M. Gibbs.

Miss M. Watson.

Miss J. E. Bellwood.

(ii) *Resignations.*
Dr. J. W. Cairns.

(ii) *Resignations.*
Miss A. W. Wray.
Miss G. Tominey.
Miss K. Barraclough.
Miss N. Tanner.

(b) DENTAL.

(i) *Appointments.*
Mr. G. H. Bulcock.
Mr. R. K. Cole.
Mr. W. H. Etheridge.

Miss M. W. Shaw.
Miss A. W. Russell.
Miss P. S. Nash.
Mr. S. Ackers.

(ii) *Resignations.*
Mr. R. E. Morgan.
Mr. J. H. N. Macdonald.
Mr. D. D. Allan.
Mr. F. W. Sturgess.

Mr. F. Brabington Perry.
Mr. A. M. Moorhead.
Miss D. E. Smithson.

2.—Co-ordination.

(a) MEDICAL SERVICES.

Every effort to secure full co-operation between the various branches of the County medical services has continued as in previous years. (See Annual Report for 1937).

(b) NURSING.

There is a nursery school at Castleford, and another is nearing completion at Rawmarsh. In addition there are 70 nursery classes in elementary schools in various parts of the county.

Since the introduction of this school and the nursery classes, school nurses have been given instructions to pay regular visits to them to maintain a close association so that they may be available to discuss the children with headmasters and headmistresses, and to deal with whatever condition is found to call for treatment.

This procedure is part of the policy that is being followed by which special attention is now being focussed on children under 5 in order to ascertain defects as early as possible. It is leading to the earlier treatment of ocular, aural and dental defects. The social studies in connection with this work have led to the discovery, by no means unexpected, that between the ages of 12 months and 5 years, or such time as they enter school many children receive an inadequate supply of fresh milk.

(c) CO-OPERATION WITH CHILD WELFARE CENTRES.

The fact that in most areas Child Welfare Centres, Toddlers' Clinics and School Clinics are held in the same premises (even although at different sessions) and conducted by the same officials leads to continuity of observation and treatment. The information available to the medical inspector at the "entrant" examination is comprehensive inasmuch as it frequently happens that the medical inspector knows the medical history of the child because he had kept it under medical supervision during the whole of the five years of its pre-school life.

The County Medical Officer's Annual Report for the year shows that the number of "toddlers" who attended the child welfare centres during the year 1938 was 5,195, and the total number of attendances made was 143,459.

The artificial boundary between the maternity and child welfare scheme and scheme of school medical inspection of "5 years" is everywhere being removed so far as nursing supervision is concerned as will be seen by the fact that 12,471 children under 5 years of age attended ordinary elementary schools, nursery classes or the nursery school. Moreover the dental scheme includes, wherever possible, children under 5. Pre-school children with defective vision are examined and provided with glasses where these are found to be necessary. Deaf children and children with ear diseases are drafted into the aural clinics as soon as possible, regardless of age; and orthopaedic work likewise calls for prompt and early treatment.

3.—The School Medical Service in Relation to Public Elementary Schools.

School medical inspectors make a practice of inspecting premises and the sanitary arrangements of schools after they have examined the children. They report on any defects or shortcomings which they find in the school premises. These reports are forwarded to the School Medical Officer and transmitted to the Education Department and from there to the District Sub-Committee or the School Managers responsible for that particular school. The defects to which attention is usually drawn, are:—

- (a) Structural.
- (b) Functional.
- (c) Mis-use of the facilities available.

It is sometimes necessary to call attention to deficiencies in cleansing which arise particularly from the mis-use of the sanitary conveniences provided. Reports on school premises are proceeding continuously and an index of these improvements is the fact that fewer complaints are being received about structural defects or the inadequate working of the existing appliances.

Probably the most frequent cause of complaint arises from the differences of opinion about ventilation. This is a subject on which there is wide variation of opinion, and sometimes a teacher's enthusiasm for ventilation is counteracted by complaints from the parents that the children have suffered from draughts.

The newer schools are excellently equipped with provision for washing including a hot water supply, and (where there is a gymnasium) the provision of shower baths. In the Open-Air School at Wombwell the shower baths are in regular use and the children attending there receive two baths a week. Many of the schools are now decorated in brighter colours and give a cheerful atmosphere.

Reference has been made previously to the fact that in many schools, especially in infants' classes, arrangement of classes in rows is being replaced by group arrangement where the children sit round small tables. This is regarded with suspicion by the epidemiologist who fears that such an arrangement may, at the commencement of an epidemic, facilitate the extension of such diseases as are spread by droplet infection. The arrangement can, however, be modified at the suggestion of the Medical Officer of Health.

Since the publication of the Board of Education's handbook on School Buildings, the County Health Department is notified not only of existing building programmes, but of projected programmes at the time of acquisition of sites. In addition the recommendations of this handbook are being carried out in the provision of special accommodation for school medical inspection and dental treatment.

Dr. Macmillan in her report refers to a subject which has been mentioned previously, namely, the retention of obsolete teaching materials which occupy space in the school room and make effective cleaning of the school premises difficult. She considers that this is very noticeable in non-provided schools, and it seems to be largely due to the fact that there is some doubt about the ownership of the material. There is no reason why the books should not be given away to the school children for home use—or, where they are very dilapidated and out-of-date, should be destroyed with official sanction.

Special interest has been given to the movement, by which the National Institute of Industrial Psychology carried out an investigation of the heating, ventilation, natural and artificial lighting of one of the newest schools in the West Riding. The investigation was limited to measurements of temperature of the rooms in different parts and at different levels, the air currents, types of ventilation and the methods and efficiency of lighting.

It was carried out during March and April, 1938, and a summary of the results is given below:—

The purpose of the investigation was to enable the Institute's investigators, after a thorough examination of one of the Authority's schools recently built to put forward recommendations concerning future practice and standards in heating, ventilation and lighting which would be applicable to the new schools to be built throughout the Authority's area.

The school selected for the investigation was the Stainforth Senior School. Measurements of the heating, ventilation and lighting in this school were made in March and April and the results obtained were discussed with officers of the Authority at Wakefield on April 11th and May 20th. The present report contains:—

1. an outline of the considerations involved from the physiological point of view in the problems of heating and ventilating school buildings.
2. a description of the measurements of heating and ventilation taken during the investigation at Stainforth School and of the technique employed together with the detailed results obtained.
3. an outline of the considerations involved in the natural lighting of schools.
4. the measurements of natural lighting taken at Stainforth and recommendations arising therefrom.
5. an outline of the considerations involved in the artificial lighting of schools and a statement of the standards of artificial lighting to be aimed at.
6. the measurements of artificial lighting taken at Stainforth School with the results and recommendations arising therefrom.

The main recommendations which the Institute has made may be summarised thus:—

I. HEATING AND VENTILATION.

1. that in classrooms the present type of "concertina" windows, with the addition of cross ventilators and hopper windows, which has been found very satisfactory, should be continued.
2. that in practical rooms and in other rooms where narrower windows are required a type of window consisting of top cross ventilator, bottom hopper and double section side hung casement should be used.

3. that in the classrooms the type of heating to be installed should be either :—
 - a. ceiling panels combined with pipes beneath the main windows and along one other wall; or
 - b. where this is too costly, dwarf plain wall radiators under the main windows with a pipe along the base of the two partition walls, as at Stainforth.
4. that in the practical rooms a combination of ceiling panels and pipes should be used.

II. NATURAL LIGHTING.

Natural lighting in the Authority's Stainforth School may be considered most satisfactory throughout. Detailed recommendations for maintaining similar conditions in future schools are given in the body of the report.

III. ARTIFICIAL LIGHTING.

1. The artificial lighting in the Stainforth School falls in certain cases somewhat below the standards recommended by the Institute and the Board of Education. It is recommended that particularly in those schools which are used for evening classes, spherical fittings with 200-watt lamps should be used.
2. Detailed recommendations together with plans for the placing of these fittings are given in the body of the report and in the appendices.

It is satisfactory to note that the investigators in their report do not find much fault with the newer schools of this type.

4.—Medical Inspection.

The statistical tables on pages 40-46 provide an account of the number of children examined, and the results of the examinations. The total examined during 1938 was 71,573, made up of 16,673 "entrants," 18,915 "intermediates," and 15,602 "leavers"; other inspections were 4,956 "specials," and 15,427 "re-inspections."

It has often been remarked that the School Medical Inspector's work is monotonous, but this is far from being so at the present time. As an example of the variety of work now undertaken by the School Medical Inspectors, the following is a list of duties carried out in one area during the past year :—

- a. Routine inspection in Elementary and Secondary Schools.
- b. Special examination following an outbreak of diphtheria.
- c. Quarterly Nutrition Survey.
- d. Special inspections of Nursery Classes.
- e. Examination of County Minor Scholars.
- f. Examination of Mental and Physically Defectives.
- g. Examination of Mental Deficiency Act Cases.
- h. Examination of children employed out of School hours.
- i. Examination of children recommended for Child Guidance Clinic.
- j. Examination of children discharged from Special Schools.
- k. Medical Officer to one Infant Welfare Centre and three School Clinics.

5.—Findings of School Medical Inspectors.

CLEANLINESS is now maintained at a fairly high level. The delinquents usually belong to a few families the children of which have been constant and frequent offenders. The improvement is due to several causes—better houses with better washing facilities, better facilities at school, the cult of cleanliness in the teaching of hygiene and the effect of public opinion. The findings given in Table VI that at 387,628 inspections 2,129 were found to be unsatisfactory is a percentage of 0.05 or 1 in 200. These findings include uncleanness of both head and body.

Dr. Macmillan remarks that "the same families so often continue to be offenders even where they have moved into modern houses with every convenience, but on the whole the general standard has greatly improved. The arrangements, now made in many schools, for the children to change into proper gymnastic dress has helped to reduce the tendency to overclothing noted in previous reports.

CLOTHING. A fairly good standard of clothing is well maintained. Girls' clothing in particular is light and clean and allows free movement and ventilation of the skin. Boys present a greater difficulty owing to their greater robustness in play and the resultant capacity for acquiring dirt.

FOOTGEAR is always a difficult problem owing to the short life of a pair of boots worn by a vigorous boy or girl and the cost of a good pair of boots or shoes, but there is a marked improvement as shown in the reports of the school medical inspectors.

Dr. Macmillan reports that "Wellingtons continue to be a bugbear except in the few schools "where teachers have insisted on the children changing in bad weather, or even in fine. There is "a very big percentage of children wearing these boots throughout the day, and I consider this "to be a very unsatisfactory state of affairs."

The growing practice of changing outdoor shoes for indoor shoes in school has everything to commend it in promoting comfort and warmth in school. A diminution in the noise associated with the movements of children is not without its advantages.

NUTRITION. Nutritional surveys are directed to an examination of the physique of the whole of the school population and are additional to the routine inspections, special examinations and re-inspections which engage the medical inspection staff for the greater part of their time. The same members of the medical staff are asked to inspect school dinners, where these are provided, and to report on the quality of these meals. There are in all 27 members of the medical staff carrying out these nutrition surveys and they devoted an average of 10·5 sessions per annum to the work.

There is a satisfactory uniformity in the general opinion of the medical officers that the provision of milk and meals has been attended by a marked improvement in the condition of the children.

The following are some of the observations made by school medical inspectors. **Dr. Macmillan** shows by practice (which is similar to that followed by her colleagues) an appreciation of the wider aspects of nutrition. "Surveys are made by the nurses and tuberculosis officers as well "as by the school medical inspectors. One or more portions of milk, sometimes with the addition "of cod-liver oil, are prescribed for all children whose nutrition is not quite normal and for children "who have some physical defect such as long standing enlargement of glands, chronic cough, "blepharitis, etc., even if their general nutrition is normal. Meals also are advised in cases where "the provision of milk seems inadequate to meet the needs of children of poor physique and sub-"normal nutrition."

Dr. Mayhall reports—"I have just completed a survey of the Normanton school children who "are certified as requiring additional nourishment, and have given particular scrutiny to those "who are receiving nourishment in the form of dinners."

"The weights of a few exceptional cases have been taken monthly at the Normanton Clinic "and these children have without exception gained very well. Owing to the large numbers being "fed it is impossible to take monthly weighings of every child at the clinic; but those who have "been weighed are the more delicate ones and their increase is an extremely strong indication of "the condition of the others who are also handicapped in constitution."

"The greatest improvement is found among the younger children, many of whom have im-"proved very much. In this connection may I say that as a general rule the nearer the feeding "centre is to the child's home the greater the benefit to the child. Little children seldom get the rest "they require and a long walk to and from a feeding centre, especially following as it does, an "active morning in school, is certainly not a benefit to them."

"It is also an advantage to them to take their meal at a somewhat slower pace than the older "children, and also for the 'under 5 year olds' to have certain modifications of diet."

Dr. Smith says—"I made the usual nutrition survey in my area. There is still a large proportion of children who could benefit by milk who do not have it since they have been taken off the free list since assessment of parents' income. The number of children refusing cod liver oil in the school is increasing. In some cases the parents send a notice saying that it is not to be given and in others the children themselves refuse to have it."

Dr. Peaker has made a comparison of the conditions in her area according to the character of the area. "As my area is very mixed in that it is composed of rural, semi-rural and mining districts I have made a comparison of the children in these areas according to their age groups and have tabulated it below. It will be seen that on the whole nutrition is better in the rural and semi-rural districts than in a mining town. This, I think, is not entirely due to the feeding question. One must consider such things as fresh air and sleep."

"In the country there is not the temptation of a town such as pictures, etc., to keep people up late, and the air they breathe is much purer."

"It will be noticed that there is a bigger percentage in each area of malnutrition amongst the intermediate group, *i.e.*, the 8-9 year olds. This is probably because they are growing quickly at this period, and also because at this age they are really too young to look after themselves, but if there are several younger children in the family they have to do so. The children who are getting dinners at school in many cases show improvement, but not so much as one would like. We are still up against other factors which go towards making the healthy child, *i.e.*, sleep, cleanliness, fresh air and general care which is not always given at home."

				Classification of Nutrition.			
				A. (Excellent).	B. (Normal).	C. (Slightly Sub-normal).	D. (Bad).
No. Examined.							
RURAL.							
Entrants	...	...	236	8.9%	82.25%	8.7%	—
Intermediates	...	...	212	7.42%	80.32%	12.26%	—
Leavers	...	...	177	8.39%	85.96%	5.65%	—
SEMI-RURAL.							
Entrants	...	...	387	6.6%	83.2%	9.2%	—
Intermediates	...	...	427	5.7%	71.55%	11.23%	4.5%
Leavers	...	...	283	3.36%	90.19%	6.45%	—
MINING TOWNS.							
Entrants	...	...	227	1.43%	85.39%	12.3%	8%
Intermediates	...	...	319	2.25%	69.56%	25.67%	2.52%
Leavers	...	...	259	1.77%	85.51%	11.57%	1.15%

Dr. Allan discusses nutrition in connection with sleep. "The matter of sufficient sleep still proves the biggest obstacle. Parents will not put or send their children to bed at the proper time. It is the usual thing to learn that children of 4, 5, and 6 years of age go to bed at 8 or 9 p.m. and some don't go even then, but insist on waiting up until their parents retire, and it is the will of the children that decides the matter."

"Older children go to bed at 9 and 10 p.m. Then we have these children coming to school pale, listless, heavy eyed and quite unfit to take an intelligent part in the life of the school. These also are the children whom some teachers and casual observers decide require extra nourishment, milk or even dinners. Many of these same children are brought to the clinics by their parents who wonder if a course of 'Sun-ray' would do them any good or give them a little colour."

"Many children are thin and puny and always will be so, but the majority of the so-called under-nourished children are suffering from—not want of food—but want of proper food."

The Education Committee made arrangements during 1938 for the provision of meals at 194 centres, and below is given a summary of the number of meals supplied.

MEALS.

	Certified Issues		Total
	Free	For payment	
Dinners	1,064,117	27,344	1,091,461

Subsidiary nourishment in the form of milk and cod liver oil is also provided to children.

In cases where children are certified by the school medical inspectors as being under-nourished, a scale of income is operative and in other cases the parents pay for the milk.

The total number of issues of milk and cod liver oil during the year is set out in the following table:—

SUBSIDIARY NOURISHMENT.

	Number of Issues.			Total No. of Issues.
	Certified		Non-Certified	
	Free	For Payment	For payment	
Milk	8,575,607	1,513,684	12,609,258	22,698,549
Cod liver oil	3,414,094	137,596	195,410	3,747,100
Total	11,989,701	1,651,280	12,804,668	26,445,649

Subsidiary nourishment was supplied in 979 elementary school departments.

RHEUMATISM IN SCHOOL CHILDREN.

There is no complete scheme in the West Riding Elementary Education area for dealing with school children suffering from acute rheumatism and heart disease arising therefrom, but hopes are entertained that the main difficulty, that of insufficient provision for the special institutional treatment necessary, will be overcome within a reasonable period. The lack of sufficient accommodation of this type in the Midlands and North was referred to by the Chief Medical Officer to the Board of Education in the Annual Report for the year 1935.

Unless there is adequate provision for in-patient treatment without a lengthy waiting period, other factors in a Rheumatism Scheme such as early ascertainment do not receive their full reward.

The majority of children with acute rheumatism receive in-patient treatment in the voluntary or public health hospitals and it is the intention of the County Council to provide more general hospital beds either by extension of existing accommodation at appropriated hospitals or by building new hospitals. While the position in regard to treatment in the acute stage is not serious it is disappointing to find that as shown in Table 1, 49 children only are in special schools while 266 are awaiting admission.

In the report on certain exceptional children embodied in the Annual Report for the year 1937 it was estimated that a Convalescent Hospital School of 150 beds for Rheumatic children would meet the first needs of this authority. A step nearer the provision of such an Institution was made in January 1939 when a conference of the West Riding of Yorkshire local Education Authorities was held to consider the joint provision of services for exceptional children. All authorities with one exception attended and an Executive Committee has been formed to consider details.

Although lack of accommodation is holding up the complete rheumatic scheme much work of a preliminary character is being done. A few years ago a Register of Rheumatic cases was initiated and this is kept up-to-date as far as possible in various ways. In the first instance each School Medical Inspector was given a list of children in his area who from the school record cards or other sources gave a history of rheumatism. The officer was instructed to complete cards, which formed the register, giving details of the child's condition, the classification used being as follows: Heart lesion, sub-acute rheumatism (with swelling of joints) Chorea, Rheumatic Diathesis (symptoms such as tiredness, pain in limbs without actual swelling of joints, repeated sore throats and rises of temperature). If treatment was required the appropriate recommendation on Form 40aD was also completed. Later it was arranged through the Education Officer that the Divisional Clerks would notify the School Medical Officer of children absent owing to rheumatism or allied condition such as Chorea in order that the register could be kept as complete as possible.

The register at the end of the year 1938 contained 1,401 names distributed according to age, sex, and form of rheumatism as shown in Table I following.

TABLE I.
RHEUMATISM IN SCHOOL CHILDREN.

	MALE															FEMALE															Total
	5—6 Entrants.					7—8—9 Intermediates.					10—14 Leavers.					5—6 Entrants.					7—8—9 Intermediates.					10—14 Leavers.					
	H	C	SA	D	S	H	C	SA	D	S	H	C	SA	D	S	H	C	SA	D	S	H	C	SA	D	S	H	C	SA	D	S	
Ordinary Cases	4	1	—	7	—	25	8	14	50	5	84	26	52	214	9	1	—	—	5	—	25	10	24	64	1	88	23	60	267	19	1086
Waiting List	—	—	—	1	—	12	3	4	4	—	46	9	4	19	—	2	—	—	1	—	11	4	—	8	—	59	26	14	39	—	266
In Special Schools	2	—	1	—	—	3	1	—	1	—	4	3	1	—	—	—	—	—	—	—	3	4	—	—	—	11	6	5	4	—	49
Total	6	1	1	8	—	40	12	18	55	5	134	38	57	233	9	3	—	—	6	—	39	18	24	72	1	158	55	79	310	19	1401

H Rh. Heart
C Chorea
D Rheumatic Diathesis
S Suspected
SA Sub-Acute Rheumatic

The term “suspected” implies that the diagnosis of rheumatism was not confirmed by the School Medical Officer for it must be remembered that a provisional diagnosis of rheumatism might be made on a statement given to the School Nurse by a parent. The large number of so called “ordinary cases,” that is those children for whom no special treatment was recommended, is in the main accounted for by children with a long history of rheumatism and by those children suffering from what is termed rheumatic diathesis.

The following table gives the incidence of the rheumatic or suspected rheumatic children in various areas of the County arranged according to the districts of the School Medical Inspectors. It is necessary to state that although a County Borough is named as the area in many cases, the district served by the Officer is, of course, situated entirely in the West Riding Administrative Area adjacent to that Borough.

TABLE II.		MALE															FEMALE															Total	
Initials of S.M.I.	Area.	Entrants					Intermediates					Leavers					Entrants					Intermediates					Leavers						
		H	C	SA	D	S	H	C	SA	D	S	H	C	SA	D	S	H	C	SA	D	S	H	C	SA	D	S	H	C	SA	D	S		
J.M.A.	Skipton	—	—	—	—	—	1	—	—	1	—	2	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	8
N.M.A.	Ilkley	—	—	—	—	—	—	—	1	—	—	5	1	1	8	—	—	—	—	—	—	1	—	—	3	—	4	3	3	18	1	49	
J.C.	Harrogate	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	
J.M.M.	Halifax	2	—	—	2	—	9	—	1	4	—	18	3	2	15	—	—	—	—	—	—	5	—	2	1	—	15	3	1	10	—	93	
G.P.H.	Wakefield	—	—	1	—	—	3	1	4	—	—	13	7	14	8	—	—	—	—	1	—	5	2	4	2	—	12	3	13	8	1	102	
M.E.P.	Castleford and Garforth	—	—	—	—	—	3	—	3	2	2	19	4	—	6	2	—	—	—	—	—	2	2	—	2	—	18	5	3	6	3	82	
L.S.	Pontefract	1	—	—	—	—	3	—	—	3	—	4	1	4	3	1	—	—	—	—	—	5	3	2	4	—	11	4	1	19	—	69	
A.R.	Huddersfield	—	—	—	—	—	—	—	—	—	—	4	1	—	7	—	1	—	—	—	—	1	—	—	1	—	5	—	—	6	—	26	
J.V.K.	Barnsley	—	—	—	3	—	3	1	—	22	—	7	1	2	86	1	1	—	—	—	—	3	—	—	33	—	17	3	6	122	4	315	
G.M.M.	Normanton	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	2	1	—	8	
J.J.S.	Barnsley	—	—	—	—	—	2	3	—	7	—	5	4	4	39	2	—	—	—	—	—	4	2	—	7	—	13	7	7	58	5	169	
B.M.N.	Doncaster	1	—	—	—	—	4	—	1	1	1	7	1	3	4	1	—	—	—	—	—	—	1	2	1	—	4	7	6	8	1	54	
D.C.R.	Doncaster	—	—	—	2	—	1	—	8	4	1	1	3	22	12	—	—	—	—	2	—	—	2	10	6	—	6	4	23	11	—	118	
S.L.	Sheffield	—	—	—	—	—	3	1	—	3	—	7	5	1	21	—	—	—	—	2	—	3	2	—	8	1	11	5	6	17	—	96	
R.B.B.	Rotherham	1	1	—	1	—	5	3	—	5	—	32	6	1	3	2	—	—	—	1	—	8	2	3	—	—	36	8	3	6	4	131	
J.E.M.W.	Rotherham	1	—	—	—	—	1	2	—	3	1	7	—	3	18	—	1	—	—	—	—	1	1	1	3	—	5	1	4	19	—	72	
J.M.W.	Rotherham	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	6	
		16					130					471					9					154					621					1401	

As the number of school children in the area of each officer is approximately equal with the exception of the Skipton Area which is extensive, but sparsely populated, and the Rotherham (J.M.W.) area, which is served by a part-time officer, the totals in the last column may be taken as comparable indicators of the relative incidence. It will be seen that the area with the greatest incidence is near Barnsley, followed by the other Barnsley area and the areas near Rotherham, Doncaster and Wakefield.

The supervision of rheumatic children as regards the School Medical Staff takes place in the schools or school clinics but many children are under the care of their own medical attendant, or in out-patients Departments of voluntary hospitals.

All children discharged from special schools are followed up by the School Nurses and School Medical Inspectors and as the number of such children increases owing to increased accommodation it is intended that rheumatism clinics will be established in conjunction with the multi-clinics for the erection of which a scheme has been approved in principle by the County Council.

DENTAL INSPECTION AND TREATMENT.

REPORT BY MR. B. R. TOWNEND, L.D.S., SENIOR DENTAL OFFICER.

It is noted with a sense of satisfaction that last year's report to you on the Dental Scheme of the County Council of the West Riding of Yorkshire has been widely quoted in the professional and lay press, and many complimentary references have been made to it. I am sure my sense of gratification will be shared in these references and I am glad to have this opportunity of thanking the members of the Maternity and Child Welfare Committee for the interested and sympathetic support which has been given to the scheme, and also the dental surgeons, nurses and attendants on the staff for their loyalty and enthusiasm. Dental service is a personal service, and if the qualities of loyalty and enthusiasm are lacking in the executive officers, no amount of organisation or supervision can take their place.

A sense of gratification tends to breed a sense of self-satisfaction, and this is a dangerous thing. I should therefore like in this Report to put before you quite bluntly some of the shortcomings of our scheme and try to indicate some of the lines along which it should develop if it is to merit a continuance of compliments.

At the present time each dental officer has allocated to him approximately 6,000 children in elementary and secondary schools. The maximum number of children per dental officer recommended in Circular 1444 of the Board of Education is 4,000. One of the grave dangers which arise from an officer having too many children under his supervision is that he finds it difficult to get "on top" of his area and so ground is being constantly lost owing to the fact that it is, in many cases, impossible to get round the area within a reasonable time. A year should be the absolute maximum period which should elapse between visits, and if this period can be reduced so much the better.

The importance of annual or less than annual treatment is referred to by several of the dental officers in their reports. **Mr. Kilvington** says:—"The ideal of an annual inspection and (if 'necessary') treatment tends to convince the parents and children that we are endeavouring to 'create the best 'line of defence' in the Health Campaign by maintaining healthy dental tissues 'and so ensuring a happier and healthier child throughout its school life.'" **Mr. Kilvington** reports that in his area "the number of extractions has gone down with a corresponding rise in the 'number of conservations. Incipient caries can be treated without pain to the patients, a point 'of great importance to child patients whose first question is usually, 'does it hurt?' "

Miss Gibson makes a plea for frequent visits at intervals of six or seven months. By doing this "confidence is gained and where the treatment is begun at an early age it can be slow "and gentle, yet thorough. The child need never have so much done at one time that a permanent distaste is created." **Miss Sclare**, looking ahead to the time when the school dental service will be able to carry out more conservative work on the deciduous teeth, is definite in saying that "unless inspection and treatment of children of 6 years of age and under can be carried "out at least twice per annum, the value of dental treatment is lost. This is the minimum attention which (in my opinion) makes it possible to carry out conservative work. Short of this, dental "treatment consists only of extractions which result in loss of function with all its concomitant "evils."

It will be seen from the foregoing that an officer is therefore placed in an awkward dilemma. The more children who accept treatment, the longer it takes to cover the area and the service given is not so good. Dental education is of little value unless its preachers can practise their doctrines.

Obviously, some system must be employed artificially to reduce the numbers of children who are to receive complete and ideal dental treatment until such time as the staff can be made completely adequate to deal with everybody. One method which is being practised is to eliminate from the scheme children whose parents refuse to accept treatment other than for the relief of pain. I have repeatedly pointed out that the school dental service should be something more than an out-patient department. Many patients refuse treatment which is calculated to conserve the teeth and only accept when the final sacrifice of extraction has to be made of teeth which could have been saved if treatment had been given earlier. Such people are undeserving of sympathy, the treatment is a waste of public money and professional time and the results are a blot upon the fair name of dentistry.

Miss Phillips is quite definite in her views on this point, saying:—"The fallacy of sacrificing treatment to the acceptance rate is brought home to one forcibly when filled teeth have to be extracted, although a little patching a month or two previously would have saved them. One becomes more and more strongly of the opinion that it is infinitely better to get (and keep) the mouths of a few children in good condition than to attempt to cope with a lot of unwilling patients who have been coerced into accepting, to the great detriment of the regular acceptors."

I have also suggested to the dental officers that discrimination should be made as to the type of treatment which is given to individual children. It is unfortunately true that owing to faulty formation there is little hope of long survival of the teeth in many mouths. If it was possible to see such cases every three months and devote a great deal of time to them something might be done, but as this is quite out of the question it seems to me that under the present circumstances a dental surgeon's time is better spent in putting a dozen mouths into good condition than spending an equal amount of time on one mouth with the sure knowledge that the condition will be almost as bad again in eighteen months' time. I recently saw a child of ten with caries in every tooth in its head except the two lower canines. Such a case could not be adequately dealt with under the present scheme and it is my considered opinion that, unfortunate as it may be for the individual, such cases must be sacrificed for the good of the community. In the words of **Mr. Buzza**, "a school dentist is continually presented with the perpetual difficulty of trying to reconcile what is ideally right with what is practically impossible."

ORTHODONTIC TREATMENT.

A small amount of orthodontic treatment to straighten crooked teeth has been done during the past year and it is hoped that with the establishment of central clinics more of this very important branch of dental surgery will be undertaken. In many cases judicious extraction of teeth in a crowded mouth provides sufficient room for the remaining teeth, and during the past year 3,115 temporary teeth and 1,600 permanent teeth have been extracted with this end in view. In the majority of cases the treatment has completely justified expectations. In reporting on this type of treatment, **Mr. Batten** says:—"In spite of many old arguments I have found the removal of the first permanent molars, especially when one or more of them has presented caries either extensive or small, has proved beneficial in cases of extensive crowding by giving regularity and efficient occlusion."

GENERAL ANÆSTHETICS.

The establishment of central clinics at Wakefield and Wath-upon-Deane has allowed us to institute sessions where children could attend from surrounding areas and be given a general anæsthetic where the use of a local anæsthetic was contra indicated. In some cases where the accommodation in schools could be made suitable, sessions have been given there. Nitrous oxide and oxygen administered continuously through the nose is the anæsthetic employed and the anæsthetists have been **Miss Sclare** and myself at Wakefield, and **Mr. H. F. Jones** at Wath-upon-Deane. 783 such anæsthetics have been given during 1938. There is evidence that such facilities are very popular.

Mr. Batten says there is no doubt "that many parents of children attending elementary schools have a good idea of sound dental treatment and appreciate the provision of general anæsthesia. This is borne out by the fact that no difficulty has arisen in centralising the work for this type of treatment, parents having brought children a distance of six or seven miles to a central clinic."

With the development of clinics for "toddlers," nursery schools and nursery classes, more and more very young children are coming within the scope of the dental scheme. It can be well imagined that the dental treatment of these tiny patients is by no means an easy task. It is regrettable, but in many cases extensive extractions have to be carried out to relieve pain or remove the gross sepsis which can, and often does, interfere very seriously with the health and development of the child. Local anæsthesia is difficult to administer owing to the inevitable initial prick of the hypodermic needle and the period of anæsthesia produced by nitrous oxide in young children is very short. Within the last few years a new anæsthetic reagent "vinyl ether" (Vinesthene) has been introduced and I was enabled by the kindness of the committee to

see a demonstration of this drug at the Eastman Clinic, London. Vinyl ether appears to be an almost ideal anæsthetic for young children. The induction period is very short, the child being unconscious in a few seconds. The period of anesthesia is much longer than that given by nitrous oxide and the recovery is very rapid and uneventful. The sight of children of three or four years of age unconcerned and happy within a few minutes after the operation is one of the most remarkable sights I have ever seen.

Mr. Shenton reporting on Vinesthene says:—"At a recent session at the Castleford Nursery "School nine cases were treated using Vinesthene and these were carefully watched to ascertain "any possible after effects. Of these nine, two vomited slightly after treatment, but the remainder "showed no signs of nausea. All cases ate dinner normally and during the afternoon I re- "examined their mouths without any signs of fear or apprehension on the part of the children. "In fact several of them seemed very anxious to show me that their teeth had been removed! "This is especially remarkable when one considers that all these children were under five years "of age, the youngest being three and a half."

At present the use of this anæsthetic in the West Riding is limited at the request of the Board of Education to children under five years of age and to my personal administration and that of **Miss R. Sclare** who is acting as anæsthetist at the Central Clinic, Wakefield.

I should like to take this opportunity of thanking the Board of Education for permission to use this drug, the Committee for giving me the opportunity of visiting the Eastman Clinic, Mr. Endicott, the Director of the Eastman Clinic, for giving me every facility in my study, and the manufacturers of "Vinesthene" who have supplied me with abundant literature and samples of the drug.

DENTAL EDUCATION.

Although as I have indicated the time is perhaps not yet ripe for a widespread and intensive "drive" to obtain a higher rate of acceptance of treatment, yet in some areas experiments have been made in this direction which have provided excellent results and some food for thought. Several of the dental officers give small presents consisting of picture books, etc., which are obtained from tooth paste manufacturers, or the pamphlet "The Story of a Tooth" published by the Dental Board of the United Kingdom to all children after treatment, and it is a common experience that many "refusers" will accept in order to receive the gift.

Miss Sclare reports an interesting psychological factor which she has found of considerable value. Acting on the suggestion of her nurse, not without some misgivings, the white aprons and enamel rinsing mugs were replaced with brightly-coloured flowered rubber aprons and coloured bakelite tumblers. **Miss Sclare** expresses her surprise "when I was congratulated by the head "teacher on this innovation. The children, especially the younger ones, were so surprised by the "colours that they forgot to be afraid of the treatment. They did not recount details of the treat- "ment they had received but described the pretty blue apron with the flowers on it, with a little "pocket where they could put their handkerchiefs." Perhaps we have gone too far with our associations between whiteness and asepsis and we have tended to forget the humanities in our striving for scientific technique.

Many of the dental officers have taken advantage of opportunities to get into closer touch with parents through the medium of Health Weeks, Parents Associations, etc. Such contacts can do nothing but good to overcome the prejudice which exists against dentistry in general and the School Dental Service in particular. I should like to take this opportunity of thanking those officers who have given up much leisure time to this very valuable work.

The attitude of a section of the public towards public dental service is rather humorously indicated by **Mr. Bulcock** who reports that "a parent brought a child to my clinic the day after "this same child had been in a scarlet fever ward. The child was forbidden to attend school for a "certain period of time due, of course, to the fact that he was still infectious. However, the "mother told my nurse that she did not want to take him to a 'proper' dentist because he (i.e., "the dentist) might get the disease and consequently pass it on to his patients!"

This concern in the minds of many people that a dentist may be responsible for the spread of disease is referred to in **Mr. Long's** report. He says:—"During the year it came to our know- "ledge that as the dental nurse and dentist were so much among school children they might be "considered as a cause for the spreading of diphtheria, of which there were several cases in the "district. As the children in the school in which we were working had swabs taken by the "local medical officer, nurse and myself had swabs taken also as a precaution. (In this case, "however, we were blameless, as all swabs came back negative.) Actually, in local gossip, "we have been blamed for such things as fleas, measles, mumps and scarlet fever, to mention "a few." Finally, a nice point was presented to **Mr. Buzza** in whose area two children came to his clinic from a farm where a cow had just died of anthrax. They were not allowed to go to school for fear of carrying infection. Could they come to the dentist?

CONSERVATIVE TREATMENT.

The Chief Medical Officer of the Board of Education laid down in his Annual Report "The Health of the School Child" in 1932 some of the conditions which should constitute a satisfactory dental service. One of these conditions was that "as many children as possible shall leave school "without the loss of permanent teeth." The only satisfactory way of attaining this ideal is bound up with my previous remarks that regular and frequent inspections are vitally important if we are to conserve the permanent dentition and keep it in repair. Another factor enters into the problem, namely, the suspicion that many parents have of "fillings." I am glad to say that this prejudice is gradually being worn down. Miss **Sclare** reports concerning this:—"The reluctance with "which conservative treatment is accepted is well known, but I have found in my own area that "such treatment is becoming more and more popular and many refusers—on being told that their "teeth only need repairing—come along to the clinic quite happily."

The steady growth of conservative treatment is shown in the following comparative table:—

Year.	Fillings per 100 children treated.
1935	70·0
1936	75·3
1937	80·3
1938	89·8

The following table gives a detailed analysis of the conservation work carried out during the year in the West Riding:—

	Elementary.	Secondary.
No. of 6-year molars conserved	22,273	1,847
No. of other teeth conserved	8,256	3,621
Total	30,529	5,468
Cement fillings	1,129	165
Amalgam fillings	19,850	2,620
Compound cement and amalgam fillings	10,815	2,008
Porcelain fillings	3,053	1,136
Total	34,847	5,929
Dressings	1,046	173
Silver nitrate treatments	325	12
Scalings and polishings	3,964	598

It will be seen from the foregoing figures that in the elementary schools 72·9% and in the secondary schools 33·8% of the teeth conserved are six-year molars.

DENTAL TREATMENT IN SECONDARY SCHOOLS.

This work has continued to be much appreciated. The parents of many children who refused to come into the scheme at previous inspections have requested to be allowed to reconsider this decision—a state of affairs which is very encouraging. Definite requests for conservative treatment, a thing which was almost unknown a few years ago, are quite numerous but unfortunately in many cases the realization that something is wrong comes too late. We shall never be able to overcome this difficulty until we can ensure the regular acceptance and treatment of all children from the time they enter the elementary school.

Several of the Part III Authorities which, by the arrangement mentioned in my report for 1936, are undertaking the dental treatment of pupils of secondary schools within their areas, have carried out the work. A supplementary table of treatment which has been done by their authorities is appended. The scheme appears to have worked quite smoothly and **Dr. Sutherland** of Brighouse reports the outstanding and very satisfactory feature of 100% acceptance at the Girls' Secondary School at Brighouse.

DENTAL INSPECTION AND TREATMENT (SECONDARY) CARRIED OUT BY PART III EDUCATION AUTHORITIES.

(1) Number of children inspected by the Dentist.

(a) Routine age-groups.

AGE	8	9	10	11	12	13	14	15	16	17	18	TOTAL
Number	25	21	57	271	315	335	310	198	66	42	10	1650
(b) Specials	—
(c) TOTAL (Routine and Specials)	1,650
(2) Number found to require treatment	1,332
(3) Number actually treated	784
(4) Attendances made by children for treatment	1,668

Extractions :—

Permanent Teeth ...	...	910
Temporary Teeth	...	289
TOTAL ...	...	1,199

Other Operations :—

Permanent Teeth ...	...	496
Temporary Teeth	...	—
TOTAL ...	...	496

Fillings :—

Permanent Teeth ...	...	1,337
Temporary Teeth	...	—
TOTAL	1,337

Administrations of general anæsthetics for extractions	64
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6.—Infectious Diseases.

(a) SCHOOL CLOSURE.

The following table shows the number of schools and departments which have been closed during the year, either by order of the Local Sanitary Authority on public health grounds or by the Education Authority, acting on the advice or with the approval of the School Medical Officer.

Disease.	Closed by Order of Local Sanitary Authority.			Closed by West Riding Education Authority.	
	Schools.	Depts.	Children under five.	Schools.	Depts.
Measles ...	23	14	4	1	—
Influenza ...	2	1	—	—	—
Mumps ...	2	3	—	—	—
Chicken Pox ...	4	—	—	—	—
Scarlet Fever ...	1	3	—	1	—
Whooping Cough ...	—	—	1	—	—
Diphtheria ...	4	4	—	—	—
German Measles ...	—	1	—	—	—
	36	26	5	2	—

Leaving out of calculation the 400 school closures which occurred during 1937 for influenza the number of closures in 1938 remains much as before.

School closure has been found to exercise little or no effect on the course of epidemics and has largely been abandoned by School Medical Officers, although some Education Committees and local sanitary authorities still desire it. In the case of some epidemics such as typhoid and small-pox it may actually be of advantage to keep the school open in order to keep the children under scrutiny and obtain from them the earliest indications of the existence of infection in families to which the school children belong.

Immunisation of school children against diphtheria has not reached proportions sufficient to affect the population at risk and therefore when this infection appears the continuance of the epidemic is not affected to any extent by the previous immunisation efforts. No great enthusiasm is shown by parents to have their children immunised when diphtheria is not prevalent. Similarly it is difficult to persuade mothers at child welfare centres to have their babies (at 12-18 months) subjected to three injections of diphtheria prophylactic.

DIPHTHERIA IMMUNISATION.

The number of children who were immunised against diphtheria during the year 1938 is shown below :—

Sanitary District.	No. of children immunised.	Sanitary District.	No. of children immunised.
URBAN DISTRICTS :—			
Adwick-le-Street	523	Penistone	69
Aireborough	200	Pontefract B.	736
Baildon	22	Pudsey B.	19
Barnoldswick	44	Queensbury and Shelf	133
Batley B.	185	Rawmarsh	174
Bentley-w-Arksey	178	Ripon City	216
Bingley	48	Ripponden	75
Brighouse B.	129	Rothwell	66
Castleford	531	Royston	127
Colne Valley	197	Saddleworth	275
Conisbrough	282	Selby	111
Cudworth	213	Shipley	178
Darfield	2	Silsden	29
Darton	121	Skipton	105
Dearne	346	Sowerby	80
Denby Dale	80	Stanley	111
Dodworth	64	Stocksbridge	2
Earby	34	Tickhill	27
Elland	188	Wath-upon-Dearne	120
Featherstone	164	Wombwell	247
Garforth	50	Worsborough	160
Goole B.	74		
Harrogate B.	227		
Hebden Royd	121	RURAL DISTRICTS :—	
Heckmondwike	53	Bowland	85
Hemsworth	411	Doncaster	1,006
Holmfirth	141	Goole	41
Horbury	62	Hemsworth	773
Horsforth	82	Kiveton Park	190
Hoyland Nether	73	Nidderdale	245
Ilkley	39	Penistone	38
Keighley B.	233	Pontefract	141
Kirkburton	51	Ripon and Pateley Bridge	260
Knaresborough	78	Rotherham	378
Knottingley	273	Sedbergh	22
Maltby	106	Selby	38
Meltham	44	Settle	206
Mexborough	31	Skipton	309
Midgley	2	Tadcaster	100
Mirfield	151	Thorne	701
Morley B.	18	Wakefield	41
Normanton	346	Wetherby	350
Ossett B.	63	Wharfedale	33
Otley	238	Wortley	717
			15,252

7.—Following-up.

This work is undertaken by the school nurses who are supplied with a list of children found by the School Medical Inspectors to be suffering from defects. The nurses interview the parents and give advice regarding the treatment required.

There are 6 nurses who devote their whole time to school nursing, 120 health visitors who devote two-fifths of their time to school work and 69 district nurses who give a proportion of their time to school nursing and health visiting.

The duties carried out under the heading of "School Nursing" comprise the following.

AT SCHOOLS.

- (a) Systematic cleanliness surveys.
- (b) Investigations of outbreaks of infectious disease.
- (c) Following up cases to see that treatment is being given, or has been carried out; that spectacles are worn regularly or are repaired if necessary, and that special exercises, etc., are carried out.

AT CLINICS.

- (a) Attendance with the Medical Officer at the Treatment Clinic.
- (b) Attendance at the Clinics on specified mornings to treat minor ailments.

VISITING HOMES.

- (a) Following-up children whose defects have not been remedied.
- (b) Interviewing parents concerning defects found; such as uncleanness, bad clothing, etc.
- (c) Ascertaining cause of irregular attendance at Clinics.

A summary of the work of the School Nurses is shown below:—

(1) Total number of visits paid to Schools	...	...	...	...	...	6,089
(2) Total number of examinations of children	...	...	...	...	...	387,628
(3) Total number of individual children found unclean	...	...	...	...	...	2,129
(4) Total number of visits paid to homes	...	...	...	...	...	29,227

8.—Medical Treatment.

The various schemes of medical treatment provided for school children by the County Council cover a very wide field as shown by the following table:—

- (1) School Clinics for minor ailments.
- (2) School Oculist.
- (3) School Dentist.
- (4) Ultra-violet Ray Clinics.
- (5) Aural Clinics.
- (6) Open Air Schools.
- (7) Sanatoria.
- (8) Hospitals for surgical tuberculosis.
- (9) Special hospital schools for crippling defects.
- (10) Grants to hospitals for operative treatment of tonsils, adenoids, ear disease and squint.

The grant to hospitals is £2,000 annually and this sum is allocated to the Voluntary Hospitals in proportion to the cases which are treated under the County's scheme. The total number of children treated under the County's scheme in 1938 was 3,458, made up as follows:—

Tonsils and Adenoids	...	3,183
Squint	...	82
Middle Ear Disease	...	193
Total		3,458

A certain amount of orthopædic work is being undertaken among school children in the West Riding and the after care of these patients devolves on the school medical inspectors and health visitors.

The number of cases of errors of refraction treated by the Oculists is set out in Table IV (page 44). The Oculists examined in addition 757 adult persons under the Blind Persons Act, during the year.

The following classes of cases have been examined by the County Oculists:—

- (1) School children referred by school medical inspectors.
- (2) Children under school age referred from Child Welfare Centres (this co-operation is very much encouraged, to secure early treatment of strabismus).
- (3) Secondary School children, most of them being children who have been awarded scholarships and are about to enter a Secondary School.
- (4) Children who are candidates for Schools for the Blind, or for special schools. These are high myopes and partially blind.
- (5) Children who are leaving such institutions and entering upon training.
- (6) Adult applicants for registration under the Blind Persons Act.
- (7) Adults in Public Assistance Institutions.
- (8) Mentally Defectives in Institutions.
- (9) Cases under the Public Health Act (Prevention of Blindness).

AURAL CLINICS—DONCASTER AND WATH-ON-DEARNE.

REPORT BY MR. H. M. PETTY (AURAL SURGEON).

Since the opening of Dunford House at Wath-on-Dearne as a child welfare centre and school clinic these premises have been available as an Aural Clinic. Isolated in its own grounds the house is admirably suited for the purpose. The rooms are well lighted and though the building is not scientifically rendered sound proof it is sufficiently quiet for the ordinary work of an Aural Clinic.

The opening of the Rawmarsh Child Welfare Centre and School Clinic in buildings specially constructed for the purpose will provide accommodation for another clinic here.

I have held during the past year 25 clinics at which 353 children have attended at Edenfield, Doncaster.

A new clinic was commenced at Dunford House, Wath, on June 1st and 7 clinics in all have been held, at which 116 children have attended.

The total work has been 32 clinics with an attendance of 469 children.

The school nurses have carried out their work with continued enthusiasm and from their reports many cases of discharging ears especially have been treated to a satisfactory conclusion in the early stage.

The parents have, almost invariably, been very anxious for their children to attend the clinic and where possible have accompanied them.

In the Bentley district, as an example, the school nurse informs me that there are only 15 cases of discharging ears under treatment at the present time out of a school population of at least 2,000 children. I would suggest that this is a remarkably low figure and a very satisfactory state of affairs.

The procedure which is followed consists in (1) Ascertainment (2) Treatment at the aural clinic (3) Treatment at the school clinic (4) Periodic review of all patients.

(1) Ascertainment is carried out by the school medical inspectors, school nurses and medical officers in charge of child welfare centres.

The children are selected at all ages up to school leaving age.

(2) Arrangements are made for groups of children from certain areas in turn to attend the clinic. They are brought and returned by ambulance accompanied by the school nurse who will later carry out the treatment locally. Examination is made and treatment carried out by the "specialist nurse" at the clinic. This demonstration of treatment to the school nurse enables her to carry out the instructions of the ear specialist.

(3) The prescribed treatment is carried out faithfully at the school clinics.

(4) The children under treatment are reviewed from time to time with a view to discharge.

The number treated at the Doncaster Clinic are given below:—

Boys.	Girls.	Total.
24	19	43
24	28	52
25	18	43
27	28	55
25	27	52
25	23	48
28	23	51
4	5	9
182	171	353

With the altering - i.e. diminishing virulence of scarlet fever this disease no longer provides the majority of cases of otorrhoea. The greatest number, at the present time are the sequel of measles. There is no doubt that the prevention of ear disease and deafness is the best line of policy and the furtherance of that policy should not only include the appointment of ear specialists to the staff of fever hospitals but in private practice it should be the custom to call in an ear specialist to all cases of ear discharge which persist for more than a week.

ULTRA-VIOLET RAY TREATMENT.

The Clinics which have been established by the County Council are at Hemsworth, Conisborough, Holmfirth, Swinton and Sowerby Bridge.

Arrangements have also been made with the Bingley and Wombwell Urban District Councils, the Clayton Hospital, Wakefield, and the General Infirmary at Leeds.

The reports of the medical officers in charge of the Clinics are given in the following pages :—

BINGLEY.

REPORT BY DR. O. T. WADE.

During 1938 the number of children attending the U.V.R. Clinic was 107—70 sent by the West Riding County Council, 31 sent by private doctors and the infant clinic—the total attendances were 2,805, and the average attendance was 26·2. Good results were obtained in the treatment of anæmia and glands of neck, other conditions such as chronic coughs were benefited.

Owing to the amount of infectious diseases, skin diseases and colds, many of the treatments had to be temporarily suspended.

Massage and postural exercises were given in cases of orthopædic defects.

Both carbon arc and mercury vapour lamps were in use.

WOMBWELL.

REPORT BY DR. J. C. PICKUP.

During the year 153 children have attended for sunlight treatment (75 boys and 78 girls). They were sent in 3 batches.

1st Batch: January 31 to April 28, 1938.

2nd Batch: May 2 to October 13, 1938.

3rd Batch: October 17, 1938 to January 12th, 1939.

114 of the cases were sent for treatment on account of "debility," 36 for bronchitis, 2 for glandular enlargement (neck) and 1 for rheumatism.

1st Batch.

29 Boys.	19 gained in weight. 7 did not complete the course. 3 were absent on weighing day.
25 Girls.	22 gained in weight. 3 were not present on weighing day.

2nd Batch.

21 Boys.	18 gained in weight. 1 lost weight. 2 absent through illness on weighing day.
31 Girls.	26 gained in weight. 5 absent on weighing day.

3rd Batch.

25 Boys.	19 gained weight. 5 not present on weighing day. 1 removed.
22 Girls.	17 gained weight. 2 lost weight. 3 not present for weighing.

The Artificial Sunlight Clinic continues to give good results, the large majority of the patients showing very definite improvement. In the "debility and anæmia" cases, the symptoms have improved with some rapidity. The children's colour has become healthier, the muscles more firm, the appetite has improved and there have been substantial increases in weight. The mothers frequently volunteer the information that the children sleep better and are less restless. The cases of bronchitis have proved very amenable to general irradiation.

During the year a diagnostic lamp has been purchased for the detection of cases of ringworm.

HEMSWORTH.

REPORT BY DR. D. C. RICE.

During the year 125 clinics were held, the doctor being present on 46 occasions. 239 cases came for treatment and of these 17 left of their own accord and 70 were still receiving treatment at the year end. Thus results of treatment could be assessed in 152 cases.

Below is a resumé of the cases dealt with and the results.

Disease	No. of Cases	Results
Impetigo	1	Cured
Paralysis	2	Both generally toned up.
Tuberculous Cervical Adenitis	2	Both healed well.
Non-Tubercular Cervical Adenitis	3	1 cured, 2 much improved.
Recurrent Styes	1	Cured.
Recurrent Boils	4	All cured.
Alopecia	4	All cured.
Eczema	6	3 cured, 3 no improvement.
Phlyctenular Conjunctivitis	1	Improved.
Corneal Opacity	1	Much improved.
Chorea	7	6 cured, 1 not improved.
Sub-Acute Rheumatism	13	7 much better, 6 little improvement.
Lack of Appetite	4	All cured.
Irritability and Restlessness	2	Both cured.
Bow Legs	5	4 improved, 1 no result.
Knock Knees	3	2 improved, 1 unchanged.
Rickets	6	4 cured, 2 improved.
Recurrent Bronchitis	3	All much improved.
Persistent Cough	2	Both cured.
Lack of progress in Infancy	8	6 very much better, 2 poor results
Recurrent Colds	3	All cleared up.
"Nerviness"	2	Both cured.
Debility	69	50 excellent results, 8 fair results, 11 little or no results.

CONISBOROUGH.

REPORT BY DR. D. C. RICE.

During the year 130 clinics were held and the doctor was present on 40 occasions. 87 cases came for treatment and of these 5 left before results could be judged and 35 were still being treated at the year end. Thus the results of treatment could be assessed in 47 cases.

Below is a resumé of types of cases dealt with and the results.

Disease	No. of Cases	Result
Tuberculous Cervical Adenitis	2	Both healed well.
Non-Tuberculous Cervical Adenitis	1	Much improved.
Unresolved Pneumonia	1	Completely cured.
Lack of Progress in Infancy	2	Both much improved.
Bow Legs	1	Slight improvement.
Alopecia	3	1 cured, 2 improved.
Chorea	9	7 cured, 2 little improvement.
Sub-Acute Rheumatism	5	1 much better, 4 little improvement.
Nervous Debility	3	2 cured, 1 much better.
Recurrent Bronchitis	1	Very much better.
Debility	19	10 excellent results. 4 fair results. 5 little or no improvement.

HOLMFIRTH.

REPORT BY DR. MURIEL WILBY.

The Holmfirth Sun Ray Clinic was open for 5 months during 1938.

45 sessions were held at which there was a total of 643 attendances (198 more than in 1937). 50 children attended, 10 of these having two courses, one at the beginning and the other at the end of the year. 10 cases were sent by the child's own doctor.

10 cases discontinued for various reasons before the completion of the course, or before results were recorded.

The main type treated was the debilitated, underweight or anæmic child.

The average gain of 30 of these children was 17-oz. together with improvement in health. 2 cases of rickets showed marked improvement in two courses,

Of 4 cases sent for bronchitis, 3 did well, 1 case of chilblains benefited.

Even in cases where there had been no gain in weight the mother generally had noticed improvement in the child's appetite, ability to sleep, etc., and asked if the child could have a further course of Ultra-Violet Ray in the future.

SOWERBY BRIDGE.

REPORT BY DR. JANET M. MACMILLAN.

During this period the following cases were treated (109 in number).

16 cases continued treatment begun in 1937, of these

5 were asthma and bronchitis all greatly improved and discharged. All have maintained their improvement during the winter 1938-39.

6 Anæmia and debility, one also with a recurrence of alopecia. All improved.

1 Chorea and rheumatism—discharged cured.

3 Enlarged glands. Two discharged, third very much improved, stopped of own accord after her own doctor was satisfied with the improvement in the condition.

1 A case of spina bifida was sent by the General Hospital Authority for sun ray treatment. This child was beginning to use his legs fairly actively before he stopped treatment and he was looking much brighter and better generally.

18 cases gave up treatment of their own accord for various reasons and before sufficient time had elapsed to judge progress. Two of these were children who left the district, but most of the others I think were just too indifferent to make the effort to come regularly. Of these, 8 were glands, 4 debility and anæmia, 4 chest conditions, 2 rheumatic.

CASES COMPLETING TREATMENT.

Rheumatic Cases 5.

Three of these had definite heart lesions. Of these, one was admitted to special hospital school for rheumatic cases, one is awaiting such admission, the third was discharged very much improved and the improvement has been maintained up to date. The two cases of chorea appear to be completely cured.

Alopecia, 3 cases.

These cases are all cases of recurrent alopecia, two are very greatly improved, the third shows little change even after 40 weeks of treatment.

Debility and Anæmia, 24 cases.

All these cases showed definite improvement, some getting completely well, and others still showing signs of the need for further treatment in the way of rest, fresh air, good food, general tonics, etc.

Bronchitis, Chronic Catarrh, Asthma, 16 cases.

Of these, three mothers volunteered the information that this winter was the best they had ever had with their children. All gained considerably in weight with the exception of one child who stopped after 9 weeks treatment—weight stationary, and a second child who lost weight. This case was interesting. The child had been in Scotton Banks for 6 months and had put on weight very rapidly there where she was in bed most of the time. She was under the supervision of the Assistant Tuberculosis Officer, and in spite of her loss in weight from 1,000-ozs. to 944-ozs. was active, bright and well, full of vitality and had lost her cough entirely. Though discharged from sun ray she is being kept under observation and remains well up to date.

Enlarged Glands, 19.

In 4 cases glands cleared up entirely.

In 4 they were so greatly improved the parents were satisfied and ceased treatment of the children of their own accord.

In 11 there was improvement of varying degree but in none of these had the glands completely disappeared.

There are 27 cases continuing treatment from 1938-39. These will be reported on later.

I am satisfied that we have here a most useful means of treatment of various types of cases, but I have yet to discover why some cases improve so remarkably as compared with others apparently similar.

WAKEFIELD ULTRA-VIOLET LIGHT CLINIC (LOCALISED THERAPY).

REPORT BY DR. J. WOOD WILSON.

This clinic for the localised treatment by ultra-violet irradiation of certain defects was continued during the year 1938. The defects treated were persistent discharges from the ear and nose, and the following results were obtained:—

OTORRHOEA.—Treatment consisted of local irradiation for two to ten minutes after cleansing, and the application of a few drops of Mercurochrome 2%. The irradiation was given twice weekly.

RESULTS:

Number of cases treated	...	...	...	...	18
„ „ cured	...	...	...	...	7
„ „ improved	...	...	...	...	6
„ „ no improvement	...	...	...	...	2
„ „ ceased to attend	...	...	...	...	3

The average number of treatments in the seven cases deemed to be cured was 62.

NASAL DISCHARGE.—The treatment given was similar to that for otorrhoea.

Two cases were treated and discharged as cured after 48 and 60 treatments.

With the opening of Rawmarsh Child Welfare and School Clinic in the late part of the year, the lamp and equipment has been transferred to the new centre where it is anticipated greater scope will be found for its use.

CHILD GUIDANCE CLINICS.

There are two child guidance clinics to which children in the West Riding can be sent.

(1) A child guidance clinic was established by the Sheffield Education Authority during 1937 for the treatment of children who present problems of behaviour or who exhibit any peculiar difficulties in school work. An arrangement was made by which the Sheffield Education Committee provided the premises in which the clinic is held and the staff necessary for the clinic, and the West Riding Education Committee pay a proportion of the annual cost.

Dr. Esher was appointed Medical Director and his work for the year 1938 is subjoined. In addition to the work detailed below Dr. Esher addressed groups of Head Teachers who were assembled at several convenient centres to hear him. A circular on the scope of the work had been circulated to Head Teachers in the areas from which children would be drawn but there remained a certain amount of misunderstanding and it seemed desirable that the Medical Director should meet the persons on whom would fall the responsibility of selection of cases. These conferences were accordingly arranged with that end in view. Dr. Esher prefaced his remarks with some outlines of the development of the emotions and quoted cases illustrative of the frustration or perversion of these leading to disorders of behaviour or temperament.

These illustrative examples supplemented and defined the information given in the Circular to head teachers. Dr. Esher also answered questions put to him by the head teachers and was further able to clear up misunderstandings about the purport of the circular.

The approach to the subject in the case of the Sheffield Child Guidance Clinic is from the medical side, *i.e.*, dealing with children who display disorders of behaviour or alteration of temperament.

(2) The Bingley Educational Clinic which is held at the Training College has a different approach. It is directed by the Principal who is assisted by members of her staff. It is primarily a clinic for the study of retarded children, *i.e.*, its aim is mainly educational. The only medical aspect—whether a child is suffering from physical defect which has its reflection in alteration of temperament—is dealt with by Dr. Birkmyre, the Medical Officer to the College. When physical deformity or defect is eliminated as a possible cause of disorder of temperament the child who is the object of study is dealt with by the teaching staff. The teaching staff make a special study of the child's educational shortcomings with a view to giving advice about the weakness in the child's intellectual make-up and suggesting special methods by which this can be overcome. In addition there is a playroom in which the children under observation are free to play with toys provided. Their reaction to this freedom and their opportunities of expressing themselves by free play gives a clue to their mental content which they are too young to express verbally even if they were capable of the self-analysis necessary to realise it.

Although the two clinics approach their subject by different routes there is a great deal of ground which is common to both agencies particularly in those cases where educational retardation affects adversely the temperament and hence the behaviour of a child and leads to anti-social manifestations which render the child a menace to its companions. That the investigators, making separate approaches to the subject, should occupy a large amount of common ground is only to be expected when the objects of their study is the same subject.

Certain extracts from the Report of the Medical Director of the Sheffield Child Guidance Clinic for the year 1937-1938 were presented to the Elementary Education Sub-Committee on the 6th December, 1938, and are as follows :-

“The aim of the clinic is to help children and young people who fail to develop normal social habits, who show scholastic difficulties not caused by mental defect, or who have become nervous, difficult or delinquent. In dealing with such problems a sound and practical attitude is essential and it is for this that the clinic stands.

“The history, development, physical health, mental level, habits and personal traits must all be known before the cause of the problem can be ascertained in most cases. The psychiatrist, psychologist and social worker examine respectively the child’s personality, intelligence and educational attainment and his environment. The physical health is investigated by the school medical officer and reports are obtained also from the child’s school. Interviews with parents are an essential part of the investigation. The total findings of each member of the clinic staff are then pooled and discussed and treatment planned. The child’s needs are explained to the parent and to the teacher if necessary. Treatment varies in accordance with each child’s individual need. Much of it can be carried out by the parent and in reality a great part of child guidance is ‘parent guidance.’ A number of the children sent to us are referred for consultation and diagnosis and these do not continue to attend. Many of these consultative cases are found to be unsuitable for treatment, some needing physical care or special forms of education or training. In the case of those children who are accepted for treatment at the clinic it must be emphasised that rapid recovery and adjustment is rare; and as a rule visits must continue for some months, in many cases over a year. Any change in manner of living or in personality is of necessity a lengthy process and to try to effect sudden changes is to court the risk of relapse or breakdown. It is therefore our policy to keep in touch with patients for some considerable time, even after marked improvement has taken place. During the clinic’s first year the number of treatment cases closed as recovered or adjusted is therefore certain to be small as the majority is still being treated.

“To the best of our knowledge the numbers of children referred to this clinic far exceed those received at any other child guidance clinic hitherto during its first year. This rush of work made it numerically impossible for all children referred to be seen by the staff and within the first two months a waiting list had to be made. Cases continued to come despite the fact that it was known that they would have to wait months before being examined, and the waiting list at the end of the school year still contained 79 names.

“The sources from which children are referred is a point of interest. We have received requests to examine children from many parents, teachers, doctors, probation officers, social workers, the Public Health Authorities and Juvenile Courts, as well as those normally coming to the notice of the school medical service. The cases from outside sources are all referred to the school medical officer in whose hands are the arrangements for the very necessary physical examination made prior to sending the child to the clinic. Within the first six months there was a tendency to refer unsuitable cases of physical disorder or mental defect for psychological treatment especially from rural areas, but these are rapidly diminishing in number as the nature of our work becomes better known. Some difficulty has been experienced owing to the large area covered by the clinic service.”

NUMBER OF CASES :

Registered	...	...	...	...	...	309	(182)
On waiting list	...	...	...	...	...	79	(48)
Dealt with during the year	...	...	...	...	...	230	(134)
Closed during the year	...	...	...	...	...	128	(67)
Under treatment on August 22, 1938	...	...	...	...	...	102	(67)

The figures in brackets refer to Sheffield children; the remainder are sent by the West Riding County Council and the County Boroughs of Barnsley, Doncaster, and Rotherham.

REASONS FOR REFERENCE :

			All cases.	Closed cases.
Nervous disorders	...	...	46	7
Habit disorders	...	...	50	6
Behaviour disorders	...	...	89	27
Intellectual disorders	...	...	120	84
Unclassified (fits, etc.)	...	...	4	4
			309	128

CLOSED CASES :

Consultation and advice	...	...	...	...	...	66
Parents unco-operative	...	...	...	...	...	27
Defects adjusted	...	...	...	...	...	18
Not accepted—unsuitable	...	...	...	...	...	17
						128

At the Bingley Educational Clinic there were treated during the year September, 1937 to July, 1938—32 new cases. These were drawn from Barnoldswick (1); Bingley (10); Bradford (3); Giggleswick (2); Hellifield (1); Keighley (2); Leeds (2); Liversedge (1); Normanton (2); Pontefract (1); Rothwell (1); Settle (1); Shipley (2); Silsden (1); Sowerby Bridge (1); Stanbury (1).

The causes for which these children were referred were interesting but difficult to classify. They are classified according to their leading symptoms though this gives an incomplete picture of the subject.

Backwardness	...	...	...	...	...	...	11
Dislike of school	...	...	...	...	...	...	2
Defiant child	...	...	...	...	...	...	2
Negativism	...	...	...	...	...	...	2
Constant crying	...	...	...	...	...	...	2
Petty theft	...	...	...	...	...	...	3
Spelling difficulty	...	...	...	...	...	...	1
Retarded development (speech)	...	...	...	...	...	...	1
Running away from home	...	...	...	...	...	...	1
Lack of concentration	...	...	...	...	...	...	1
“Vacant Spasm” (minor epilepsy)	...	...	...	...	...	...	1
Mental defect	...	...	...	...	...	...	1
Referred for intelligence test	...	...	...	...	...	...	4
							32

On making a diagnosis appropriate steps were taken such as discussion with parents, head teachers and with the child itself, together with suggestions for teaching, and in the case of parents an altered attitude to the child where this was necessary.

A full report on these cases was presented to the Higher Education Sub-Committee on 6th December, 1938.

School Clinics.

The following is a list of School Clinics established by the County Council, all of which, with the exception of those marked * being in conjunction with the Infant Welfare Centres. The Clinics are chiefly held in the mornings at 9-30 by the School Nurses, who refer any cases requiring medical advice to the Medical Officer of the Welfare Centre.

Name and Address	Day of Meeting	Average Attendance
Adwick-le-Street, Woodside Methodist Chapel, Woodlands	Monday, Thursday	26
*Adwick-le-Street, Park Council School	Monday, p.m.	25
*Airedale, Council School	Friday	56
Allerton Bywater, Miners' Welfare Institute	Monday, Thursday	18
*Arksey, Council School	Tuesday	22
*Armthorpe, Senior Girls Council School	Monday, Thursday	55
Askern, Baptist Chapel, Sutton Road	Monday, Thursday	26
Baildon, Methodist Sunday School.	Monday	11
Bentley, Park Pavilion	Wednesday, Friday	12
*Bentley, Toll Bar Council School	Monday, Thursday	33
*Bentley, New Village Council School	Tuesday	21
*Bingley, Technical School	Monday, Friday	19
Birdwell, United Methodist Church, Chapel Street	Wednesday	8
*Bolton-on-Dearne, Junior Boys Council School	Wednesday	12
*Bolton-on-Dearne, Highgate Council School	Tuesday	28
Bramley, Miners Welfare Hall	Wednesday	21
*Brotherton, Council School	Wednesday	27

SCHOOL CLINICS.—continued.

Name and Address	Day of Meeting	Average Attendance
Carcroft, Presbyterian Sunday School	Monday, Thursday	37
*Castleford, Wesley Street	Monday, Tuesday, Wednesday, Friday	39
Catcliffe, Rotherham Road	Monday	26
Chapelton, Miners' Welfare Pavilion	Wednesday, Friday	7
Conisbrough Upper, Miners' Welfare Pavilion	Monday	15
Conisbrough, Army Hut, Balby Street Council School	Tuesday, Thursday	68
Cortonwood, Methodist Church	Thursday	20
*Crofton, Council School	Monday, Thursday	16
Cudworth, Wesley Hall	Tuesday, Friday	45
Dalton, Primitive Methodist Chapel	Tuesday, Friday	19
Darfield, Methodist Sunday School, Barnsley Road	Wednesday, Friday	12
Darton, Infants Council School	Wednesday	10
Darton (Staincross) Wesleyan Sunday School, Barnsley Road, Mapplewell	Thursday	16
Darton (Gawber) Adult School	Tuesday	14
Dinnington, Wesleyan Sunday School	Tuesday, Friday	26
Dodworth, Mechanics' Institute, High Street	Tuesday, Thursday	18
Dunscroft, Church Hall	Tuesday, Friday	64
Earby, Old Grammar School	Wednesday	2
Ecclesfield, Gatty Memorial Hall	Monday, Thursday	17
Edlington, New Church Hall	Tuesday	24
Elland, Drill Hall, Jepson Lane	Wednesday	14
*Featherstone, Tradesmen's Club	Monday, Wednesday, Friday	35
*Fence, Council School	Tuesday, p.m.	30
Ferrybridge, Wesleyan Chapel	Wednesday	6
*Fryston, New Senior School	Friday	33
Garforth, St. Mary's Hall	Monday	17
*Glasshoughton, Ashton Road Council School	Monday	41
Golcar, Council Offices	Wednesday	5
*Goldthorpe, Senior and Infants Council School	Monday and Wednesday	18
*Goole, Dunhill Road	Monday, Wednesday, Friday	32
Greetland, Clay House	Tuesday, Thursday	16
Guisseley, Baptist Church, Oxford Road	Thursday	21
Hebden Bridge, Old Secondary School	Wednesday, Friday	13
*Heckmondwike, Green Side	Every morning	11
Hemsworth, Army Hut, West End Council School	Every morning	11
Hemsworth (Fitzwilliam) Church Hut	Tuesday, Thursday	19
High Green, Methodist Chapel Sunday School	Tuesday	21
*Highfields, Council School	Wednesday	45
Horbury, Wesleyan Sunday School	Monday, Thursday	7
Horsforth, St. Margaret's Hall	Wednesday	9
Hoyland, Miners Welfare Institute	Tuesday, Friday	32
Hoyland Common, Wesleyan Chapel	Thursday	15
*Kilnhurst, Church Hall	Tuesday, Thursday	17
Kippax, Wesleyan Sunday School	Tuesday	26
Kirkburton, Congregational Chapel	Tuesday	10
Kirk Sandall, Assembly Hall	Thursday	15
Knaresborough, Fysche Hall Cottage, Isles Lane	Monday, Thursday	31
Knottingley, Secondary School, Chapel Street	Monday, Friday	28
*Laughton, Council School	Wednesday	44
Lepton, Liberal Club	Tuesday	8
*Linthwaite, Church School	Monday	36
*Linthwaite, Council School	Tuesday	31
*Loxley, Council School	Alternate Friday	12
Luddendenfoot, The Institute	Tuesday	12
Maltby, Congregational Chapel, Carlyle Road	Monday, Thursday	39
Marsden, Conservative Club	Thursday	16
Meltham, Baptist Church	Tuesday	6
*Mexborough, Adwick Road Council School	Monday, Friday	41
Mirfield, Ings Grove	Friday	12
Normanton, Park Pavilion	Monday, Tuesday, Wednesday, Friday	34
Otley, Primitive Methodist Chapel, Station Road	Thursday	17
Outwood, Church Institute	Monday, Friday	21
Penistone, Shrewsbury Methodist Chapel	Monday	24
Queensbury, Cricket Pavilion	Tuesday, Friday	5
Rawmarsh, New School Clinic, Barbers Avenue	Monday, Tuesday, Wednesday, Friday	26
Ripon, Alma House	Monday, Thursday	19
*Robin Hood, Infants Council School	Friday p.m.	10

SCHOOL CLINICS.—continued.

Name and Address	Day of meeting	Average Attendance
Rossington, United Methodist Church	Tuesday, Thursday	36
*Rothwell, New School Clinic	Friday a.m.	9
Royston, Wesleyan Sunday School	Wednesday, Friday	12
Saddleworth, Mechanics' Institute, Uppermill	Wednesday	4
Selby, Museum Hall, Park Street	Monday, Tuesday, Friday	29
Sharlston, St. Luke's Hall	Tuesday, Friday	17
Silsden, Ambulance Station, Kirkgate	Tuesday	11
Skipton, Wesleyan Methodist Sunday School, Water Street	Wednesday Friday	17
Slaithwaite, United Methodist Sunday School, Carr Lane	Wednesday	10
*South Elmsall, Miners' Institute, Moorthorpe	Tuesday, Friday	23
Sowerby Bridge, Allan House	Tuesday, Thursday	31
Sprotborough, New Council School	Monday	40
Stainforth, Wesleyan Sunday School, Church Road	Tuesday, Thursday	24
Stanley, Zion Congregational Chapel	Monday, Thursday	9
Stannington, Underbank Chapel	Wednesday	6
Stocksbridge, Mozart House, Manchester Road, Deepcar	Tuesday, Friday	26
*Stourton, Council School	Wednesday p.m.	20
*Swallownest, Council School	Tuesday	42
Swinton, Rock House	Monday, Friday	16
*Swinton, Roman Terrace Council School	Tuesday	45
Tadcaster, Shann House, Westgate	Tuesday, Friday	3
Thorne, Temperance Institute	Monday, Wednesday	37
Thorne (Moorends) Wesleyan Sunday School	Tuesday, Thursday	12
Thurcroft, Wesleyan Sunday School	Monday, Thursday	38
Thurnscoe, Central Hall	Monday, Thursday (p.m.), Friday	28
Wath-on-Dearne, Dunford House	Monday, Thursday	22
West Melton, Wesleyan Sunday School	Tuesday	24
Wetherby, Wesleyan Sunday School	Thursday	10
*Wombwell, Free Library	Monday, p.m. Tuesday, a.m. Wednesday, p.m.	15
*Wombwell, Jump Council School	Thursday, Friday p.m.	22
Worsborough Dale, Wesleyan Sunday School	Tuesday, Thursday	36
Wrenthorpe, Church Sunday School	Thursday	12
Yeadon, Town Hall	Tuesday, Friday	9

*School Clinics only.

**List of Special Schools and Special Classes to which Defective children
are sent and the types sent to each school:—**

Name of School	No. of W.R. children in attendance on 31st December, 1938
DELICATE CHILDREN.	
Hayling Island, Suntrap Special School	6
Children's Sanatorium, Nr. Holt	5
Mitchell Memorial Home, Rawdon (W.R.C.C. School)	30
West Kirby Convalescent Home, Nr. Liverpool	21
Oak Bank Open Air School, Sevenoaks	40
Wombwell Open Air School (W.R.C.C. School)	60
Leasowe Children's Hospital	2
Heswall, Liverpool Children's Hospital	3
Southport, Bradstock-Lockett Hospital	3
	170
MENTALLY DEFECTIVE CHILDREN.	
Manchester Special Day Schools	3
Nottingham, Hopewell Hall Special School	1
Pield Heath House, Middlesex	1
Leeds, Armley Park Special School	1
Northamptonshire Home for Girls	2
Knotty Ash Horticultural Special School, Nr. Liverpool	3
Allerton Priory R. C. Special School, Liverpool	2
Oldham, Chaucer Street Special School	2
Bradford, Margaret McMillan Special School	1
Halifax, Quarry House Special School	1
Leeds, Hunslet Lane Special School	1
Lichfield, Beacon School	1
Worcester, Besford Court Special School	1
Sandlebridge, The Mary Dendy Home	1
	21
BLIND AND PARTIALLY BLIND CHILDREN.	
Leeds, Blenheim Walk Home	37
Henshaw's Institution for the Blind, Manchester	2
Royal Blind School, Sheffield	21
Fulwood Homes for the Blind, Preston	3
Bradford, Daisy Hill Myopic School	1
Southport Sunshine Home for Blind Babies	1
Oldham, Gower Street	2
Court Grange Special School, Abbotskerswell, Devon	4
Royal Victoria School, Newcastle	1
	72
DEAF CHILDREN.	
Penn Rayners Residential School for the Deaf	2
Yorkshire Institution for the Deaf, Doncaster	87
Leeds Blenheim Walk Home for the Deaf	23
Royal Schools for the Deaf, Manchester	9
St. John's Institution for the Deaf, Boston Spa	5
Oldham, Gower Street Special School	3
Derby, Royal Institution for the Deaf	1
Margate, Royal School for the Deaf	1
Newcastle, Northern Counties Institution	1
	132
CRIPPLED CHILDREN.	
Nottingham, Harlow Wood Special School	1
Leasowe Children's Hospital	11
Heritage Craft Schools, Chailey	24
St. Michael's Orthopædic Hospital, Clacton-on-Sea	1
Heswall Hospital, Liverpool	3
Marguerite Home, Thorp Arch	6
Children's Rest, Sefton Park, Liverpool	1
Halliwick Cripples Home, Winchmore Hill, London	3
Yorkshire Children's Hospital, Kirby Moorside	5
W. J. Sanderson Home, Gosforth	7
Bradstock-Lockett Hospital, Southport	8
Alton, Lord Mayor Treloar Hospital	1
Rainhill, St. Joseph's Heart Hospital School	10
	81
EPILEPTIC CHILDREN.	
Maghull Home for Epileptics	6
Lingfield Epileptic Colony, Surrey	4
Chelford, Soss Moss Special School	1
	11

9.—Open-air Education.

WOMBWELL OPEN-AIR SCHOOL, 1938

REPORT BY DR. JEAN V. KIRKWOOD.

The school has accommodation for sixty children and both boys and girls are admitted. The ages average from 7—14 years.

The children are drawn from as wide an area as possible but this is limited owing to difficulties of transport.

AREA SERVED.

The children attending the school at the end of the year came from the following areas:—

Wombwell, Hemingfield and Jump	...	20
Wath	... ..	8
Hoyland	... ..	9
Darfield	... ..	5
Brampton	... ..	5
Swinton	... ..	4
Bolton	... ..	3
Great Houghton	... ..	1
Goldthorpe	... ..	1
Blackerhill	... ..	1
Tankersley	... ..	1
Mexborough	... ..	1
		<hr/> 59 <hr/>

GENERAL ROUTINE.

The children start work at 9-0 a.m. and at 9-30 a.m. they have a bottle of milk and a ration of cod liver oil. They cease work at 11-40 a.m., have an interval for play and then receive a hot dinner. From 12-30 p.m. till 1-15 p.m. they rest and at 3-30 p.m. before leaving, they receive another bottle of milk. Every child has a shower bath once a week.

LIGHT TREATMENT.

The ultra-violet light treatment provided by the Wombwell Urban District Council has been of great benefit and a considerable number of children from the school have received treatment at the centre.

ASCERTAINMENT OF DEFECTS.

The children are frequently inspected by the School Medical Inspector, the School Dental Officer and the School Nurse, so that any defects receive immediate attention.

RESULTS OF ATTENDANCE.

The children usually show a marked improvement in health after a short stay at the school. Not only do they increase in weight but they appear much more alert mentally and show more social activity. Quite a number have been able to leave after only a short stay as they had improved so greatly.

PHYSICAL TRAINING.

The physical training is much the same as in ordinary schools but slightly simplified. The children have about 20 minutes physical training a day. Ten children were not able to take part in physical training on account of their health.

INCIDENTAL DISEASE.

There has been one case of chickenpox and one case of scabies.

TABULATED RESULTS OF TREATMENT.

12 children left the school during 1938. 6 girls and 6 boys. 5 children left on attaining the age of 14 years.

Left 14 years.

GIRLS, 2.

- | | |
|--|-----------------------------|
| 1. Scarcely ever at school. | Post diphtheritic debility. |
| 2. Gained 18½-lbs. in 1 year 9 months. | Glands cured. |

Boys 3.

- | | |
|---|--|
| 1. Gained 29-lbs. in 4 years 5 months. | Debility and enlarged glands greatly improved. |
| 2. Gained 3½-lbs. in 5 months. | Debility greatly improved. |
| 3. Gained 8½-lbs. in 9 months. | Debility and anæmia cured. |
| Average gain 14-lbs. Average stay 1 year 11 months. | |

Left as cured or greatly improved.

GIRLS 4.

- | | |
|--------------------------------------|---|
| 1. Only 2 months at school. | Left district. |
| 2. Only 2 months at school. | Left ill—is going to residential O. A. S. |
| 3. Only few months at school. | Old spinal disease, well. |
| 4. Gained 5-lbs. in 1 year 8 months. | Debility cured. |

BOYS 3.

- | | |
|--|----------------------------|
| 1. Gained $5\frac{7}{16}$ -lbs. in 6 months. | Debility and anæmia cured. |
| 2. Gained $7\frac{1}{3}$ -lbs. in 1 year 6 months. | Debility cured. |
| 3. Only at school a few months. | Debility cured. |

Number of children at school December 1938, Girls 34. Boys 25.

Progress of children admitted during the year 1934 :—

GIRLS 3.

Between 18-19-lbs.	1
„ 35-36 „	1
„ 62-63 „	1

Average gain $33\frac{1}{3}$ -lbs.

BOYS 1

Between 17-18-lbs.	1
Average gain	$17\frac{1}{3}$ -lbs.

Progress of children admitted during the year 1935 :—

GIRLS 3.

Between 17-18-lbs.	1
„ 28-29 „	1
„ 30-31 „	1

Average gain $25\frac{1}{3}$ -lbs.

Progress of children admitted during the year 1936 :—

GIRLS 1.

Average gain 12-lbs.

BOYS 3.

Between 7- 8-lbs.	1
„ 9-10 „	1
„ 12-13 „	1
Average gain	$9\frac{5}{16}$ -lbs.

Progress of children admitted during the year 1937 :—

GIRLS 13.

Between 3- 4-lbs.	1
„ 4- 5 „	1
„ 5- 6 „	1
„ 6- 7 „	1
„ 8- 9 „	2
„ 9-10 „	1
„ 12-13 „	1
„ 16-17 „	1
„ 18-19 „	1
„ 19-20 „	1
„ 21-22 „	1
„ 22-23 „	1

Average gain 12-lbs.

BOYS 6.

Between 4- 5-lbs.	1
„ 7- 8 „	1
„ 8- 9 „	2
„ 9-10 „	2
Average gain	8-lbs.

Progress of children admitted during the year 1938 :—

GIRLS 14.

Between 1- 2-lbs.	1
„ 2- 3 „	2
„ 3- 4 „	3
„ 4- 5 „	2
„ 9-10 „	2

4 girls only a very short time at school.

Average gain $4\frac{2}{5}$ lbs.

BOYS 6.

Between 3- 4-lbs.	2
„ 4- 5 „	1
„ 7- 8 „	2
1 boy only a short time at school.	
Average gain	$5\frac{1}{5}$ lbs.

Defects for which children were admitted were :—

Debility	...	...	...	...	...	...	...	...	...	26
Debility and anæmia	...	...	...	...	...	...	...	...	...	16
Anæmia	...	...	...	...	...	...	...	...	...	5
Bronchitis	...	...	...	...	...	...	...	...	...	5
Enlarged glands and anæmia	...	...	...	...	...	...	...	...	...	1
Enlarged glands, anæmia and debility	...	...	...	...	...	...	...	...	...	1
Enlarged glands	...	...	...	...	...	...	...	...	...	1
Debility anæmia and bronchitis	...	...	...	...	...	...	...	...	...	1
Cardiac debility and anæmia	...	...	...	...	...	...	...	...	...	1
Cardiac disease and debility	...	...	...	...	...	...	...	...	...	1
Asthma	...	...	...	...	...	...	...	...	...	1

Total 59

Co-existing physical defects were:—

Enlarged tonsils	13	One child had tonsils removed
Defective vision	8	Wearing glasses or have had glasses ordered
Impetigo	2	
Scabies	1	
Epilepsy	1	
Heart disease	1	
Paralysis	1	

MITCHELL MEMORIAL HOME, RAWDON.

The following is a report by **Dr. H. B. Sproat**, the Medical Officer of the Home:—

Twenty-one boys were in the home on December 31st, 1937—forty-seven were admitted during 1938—so that sixty-eight boys received treatment during 1938.

The boys on admission were all of the same type, pale, undernourished, but with no definite pathological conditions. Blood examinations were done on a large number of boys but this is now discontinued except in exceptional cases as the blood was invariably found up to standard.

The boys were placed in quarantine for three weeks but on the advice of a medical officer from the Board of Education, this has been discontinued. They are kept in bed for a week, and it is found that this rest is most satisfactory as it quietens their nervous systems and affords the staff an opportunity of getting an early insight into their temperaments and requirements.

Under the effects of plenty of rest—I still think that rest is most important—a good mixed diet and discipline, I find that the boys rapidly improve in health.

10.—Physical Education.

SELECTED AND ADAPTED FROM THE REPORT OF THE SENIOR ORGANISER OF PHYSICAL TRAINING FOR THE YEAR ENDED 31ST DECEMBER, 1938.

ELEMENTARY SCHOOLS. Steady progress has been made during 1938 in all branches of physical training. Most attention has been directed, as was noted in last year's report, to senior elementary schools and to recreative physical training for those who have left school. This report gives details of some of the physical training activities in West Riding schools for the year ended 31st December, 1938. The qualifications of the teachers are also improving. At Conisbrough a certificated teacher with one year's special training in physical exercises at York Training College is responsible for the physical training of the boys. A certificated teacher on the staff of the Rothwell Stourton Council School has been granted leave of absence to take the one-year course in the physical training department of the Loughborough Training College.

Another important factor in the development of physical training in senior schools is the supply of suitable shoes. For some years efforts have been made to persuade pupils to bring a pair of light shoes to school for the physical training lesson. Carpet slippers, rope-soled shoes, shoes made of felt at school have all been tried. Children have also worked in their stockinged feet when the floor was at all suitable. But the fact remains that large numbers of children could not provide themselves with the necessary footgear to benefit from a more advanced scheme of physical training.

Gymnasium shoes are now supplied to re-organised senior schools on the basis of 100 pairs to schools (departments) with over 150 children on roll and 50 pairs to those with under 150 on roll. The shoes are kept on the school premises and are used by all the children during physical training as required. All re-organised senior schools have had their first supply and renewals have been supplied in some cases. Since the last report was submitted 93 senior schools have been supplied with 9,946 pairs of shoes suitable for physical training.

Thirteen of these schools possess a fully-equipped gymnasium. The others make use of the assembly hall. Portable apparatus is supplied for use in the hall, *e.g.*, 6 benches, 6 mats, Swedish vaulting horse, box horse, jumping stands and rope. Large numbers of West Riding teachers have attended vacation courses to qualify themselves to use such apparatus. Suitable gymnastic costumes have recently been supplied to three senior schools and materials for the making of suitable clothing has been supplied to one senior girls' school in order that the girls may make their own. All senior schools where fully-equipped gymnasia have been provided will, in due course, be supplied with approved clothing. The washing of the clothing is carried out at home under the guidance of the parents. The clothing consists of vests and shorts for boys; blouse and knickers for girls and a towel for both. Experiments are being made with three types of equipment for the airing and storage of the clothing in the changing rooms attached to the gymnasium.

PLAYGROUNDS. In order that physical training and games may be taken satisfactorily good playgrounds are necessary. Many non-provided schools have difficulty in keeping their playgrounds in a good state of repair. In May, 1933, a circular letter was sent to managers informing them that, under certain conditions, a grant not exceeding one-third of the total cost of permanent improvements to playgrounds would be made.

The number of schools benefiting has been as follows:—

1933-34	...	...	...	...	...	22
1934-35	...	...	...	...	...	5
1935-36	...	...	...	...	...	11
1936-37	...	...	...	...	...	7
1937-38	...	...	...	...	...	14

PLAYING FIELDS, SCHOOLS SPORTS ASSOCIATIONS. In 1921 a scheme was inaugurated by which the West Riding Education Committee offered grants towards the renting of playing fields and the purchase of material. The scheme enables a number of schools in a district to group themselves together to form a schools sports association. The teachers form the main body of the executive committee, but valuable help is given by interested ladies and gentlemen from the locality.

PLAYING FIELDS, PAYMENTS TO LOCAL AUTHORITIES. Payments are also made to other bodies, such as urban district councils, sports clubs, playing fields associations, etc., to secure the sole use of their fields during certain school hours for children in elementary schools.

ATHLETICS. There is little time in elementary schools for the regular practice of athletics, but running and jumping come naturally to most children and a sports day gives them an opportunity of competing with others. In addition, such a day draws teachers, parents, and pupils together and often forms one of the chief annual social events of the district.

In some cases a group of schools will combine to form a children's day and frequently a day's extra holiday is granted by the Committee for the purpose. The preparation for the day's events entails considerable work by the staffs of the competing schools and other voluntary helpers. The green fields and coloured costumes of the competitors make a picturesque setting. Occasionally the programme and results are announced by loud speakers, a van and connecting wires being provided at a small cost. Tea is sometimes provided for parents and visitors. In addition to the running and jumping events, physical training and folkdance displays are often included. In other cases a single school will have its own sports day, a half holiday being granted by the Committee for the purpose.

Many individual schools and many groups of schools have sports days. They vary in character from an isolated rural area, such as Sedbergh, to a large mining area such as Wath-upon-Deane. At Sedbergh several small schools come down from the heights round the township and, joining with the local schools, make merry in the fresh air. Tea is provided on trestle tables in the open-air, both for parents and children. Athletics and physical training displays take place on a field provided by the Local Playing Fields Association to which the West Riding Education Committee gives a grant.

The scene at Wath is totally different. Swarms of boys and girls from large schools in the neighbourhood meet on the local cricket and football grounds. Races are run almost professionally and a high standard of performance is obtained.

SWIMMING INSTRUCTION IN ELEMENTARY SCHOOLS. During the season instruction has been given at 34 baths as against 42 baths for season 1937. Owing to reports of the County Medical Officer that the condition of the water was not satisfactory, or that no provision existed for continuous filtration and chlorination, no approval has been given to instruction at the under-mentioned baths:—

Division				Baths
1	...	...	...	Ingleton (open-air).
6	...	...	...	Glusburn Institute.
6	...	...	...	Sutton Mill Institute.
17	...	...	...	Slaithwaite.
21	...	...	...	Cudworth (open-air).
21	...	...	...	Royston (open-air).
22	...	...	...	Conisbrough.

The Oulton Water Haigh Baths were also reported to be unsatisfactory and children from the Rothwell Oulton-w-Woodlesford Council and C. of E. Schools, who previously attended these baths, have received instruction at the Leeds, Hunslet, Joseph Street Baths.

No instruction has been possible for children from the Golcar and Linthwaite Schools during the past seasons at the Linthwaite Milnsbridge Baths as the Huddersfield Education Authority required the full use of the baths for children in their area. The Milnsbridge baths were, until recently, the property of the West Riding Education Committee.

Instruction has been given for the first time at the Otley (Open-Air) Baths to children from the Otley schools.

The following are corresponding figures for seasons 1938 and 1937:—

	Total No. of children who have received instruction.			Total No. of attendances made		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
1938	10,604	10,459	21,063	114,215	105,809	220,024
1937	12,161	11,812	23,973	129,582	117,727	247,309
COUNTY COUNCIL CERTIFICATES OBTAINED.						
	25 yards.			75 yards.		
1938	1,380	1,301	2,681	1,251	1,081	2,332
1937	1,653	1,288	2,941	1,644	1,297	2,941

A comparison of the percentages of the number of children awarded the County Council Swimming Certificates to the total number under instruction is given below:—

Swimming Certificates for:					25 yards.	75 yards.
1938	...	...	...	...	12·73	11·07
1937	...	...	...	...	12·27	12·27

As fewer baths (34) have been available this year as compared with 42 last year, the number of children receiving instruction shows a reduction. It is to be hoped that filtration and chlorination plants will be installed at those baths which have not this provision at present.

There has been little progress in the provision of further facilities for swimming. There is need of swimming baths in many of the remote areas such as Settle, Sedbergh, Dinnington, Penistone, Ecclesfield, Boroughbridge, Tadcaster.

Ordinarily children walk to the baths, travel by service bus, or are taken from the school door to the baths by private 'bus. It is not the policy of the Committee to allow teachers to accompany the children to the baths, unless special circumstances make it necessary for them to do so.

The 25 yards test has now been in operation for two years and has proved its value in encouraging beginners. The 75 yards test has been in existence many years.

At some centres the examination of the Life Saving Society are taken, and the following medallions and certificates of the Society have been gained:—

	Boys.	Girls.
Bronze Medallion	23	16
Intermediate Certificate	76	113
Elementary Certificate	221	183

SECONDARY SCHOOLS—GYMNASIA. In last year's report mention was made of a number of cases in which the Authority contemplated (a) carrying out extensions and improvements to the school buildings; (b) the erection of new gymnasia and (c) the provision of an additional gymnasium at each of four schools. A new gymnasium is in course of erection at Normanton Girls' High School but the Authority's building proposals at other secondary schools are suspended for the time being in consequence of the stringent limitations imposed by Circular 1464, issued in October, 1938.

The Authority have carried out, or will shortly put in hand, minor schemes of improvements in the changing room accommodation, etc., at some other schools, e.g., at Batley Grammar, Normanton Grammar and Skipton Grammar Schools. The annual testing and examination of gymnastic apparatus, with a view to minimising any possible cause of accident due to faulty materials or wear and tear, has again been carried out by officers of the County Supplies Department. Repairs and renewals have been carried out at most schools.

SECONDARY SCHOOLS—PLAYING FIELDS. During the year 1938 additions have been made to the playing field accommodation as follows:—

	Acres.
Hemsworth Grammar	3·5
Honley Holme Valley Grammar	11·361
Maltby Grammar	10·0
Ossett Grammar	7·898

Proposals are in hand for increasing the playing area at Aireborough Grammar, Batley Grammar, Bingley Grammar, Goole Grammar, Keighley Boys' Grammar and Sowerby Bridge Secondary Schools. /

SECONDARY SCHOOLS.—SWIMMING INSTRUCTION. Only four West Riding Secondary Schools possess swimming baths, namely, Ilkley Grammar School, Skipton Grammar School, Ripon Grammar School and Aireborough Grammar School. All are small instructional baths. The bath at Ilkley is about 45 feet by 24 feet and is housed in a small but substantial detached stone building. Recently an efficient filtration plant has been installed. The bath at Skipton is on the school premises. It is somewhat old-fashioned but has been modernised by the installation of a filtration plant. The bath at Aireborough is in the basement and a filtration plant has recently been installed. The open-air bath at Ripon Grammar School is little used, as an excellent public bath was opened recently and many swimming lessons are taken there.

At some other schools the public swimming bath adjoins the school as at Keighley, Morley, and Otley (Open-air). Swimming instruction is given by the gymnastic teacher during one of the time-tabled physical training lessons.

In some other cases the public swimming bath is a short distance from the school and the pupils walk there and back, as at Bingley, Castleford, Elland, Pontefract, Pudsey and Wath. There is a little interference with the school time-table.

When the public bath is some distance from the school, 'buses are used for the transport of the pupils as at Hemsworth, Honley, and Ecclesfield. The cost of transport and admission to the bath is charged to the school maintenance account and can amount to as much as 9d. per head per visit.

TECHNICAL AND EVENING INSTITUTES. During the current session 572 classes in physical training have been established, namely, 203 classes for men and 369 for women. Of these classes, 135 were keep-fit classes, 21 for men and 114 for women.

There has been a steady increase during the past few years in the number of physical training classes. This year there has been a very considerable increase of 75 classes due largely to the increased number of women's keep-fit classes. Full details have been given in previous reports of accommodation, staffing and type of work. The gymnasia of secondary schools, new senior schools and technical schools are used in addition to halls, village institutes, recreation grounds (summer) and swimming baths (summer).

During the year the West Riding Education Committee has been working in collaboration with the West Riding Area Committee of the National Fitness Council. A survey of the facilities in the whole of the West Riding was made including the following:—

1. Playing Field Accommodation. Area, Ownership.
2. Gymnasia. Secondary, Technical, Senior Schools.
3. Swimming Baths. Swimming Clubs.
4. Schools' Sports Associations. School Leagues.
5. Old Scholars' Associations.
6. School Leagues.

Demonstrations by the National Fitness Area Committee are to take place at several centres including one at Mirfield. Financial assistance will be given at Mirfield for advertising and other purposes.

11.—School Baths.

During the year 1938, 147 samples of swimming bath waters were examined bacteriologically. Of these, 124 proved satisfactory, 18 unsatisfactory and 5 doubtful. In those cases where a bath was found to be definitely unsatisfactory, it was not used for the instruction of school children in swimming under the auspices of the Education Committee.

A report with regard to the water in swimming baths was presented to the West Riding Public Health and Housing Committee in February, 1938.

12.—Co-operation of Parents.

Parents are invited to routine examinations. Their attendance is very good at the examination of "entrants" and "intermediates" but poor at the examination of "leavers." No doubt this is due to the request of the child (generally the boys at age 12+) lest he should appear to his associates to be over-mothered. On the part of the parents there is a very considerable and laudable interest in the welfare of their children. This is fostered as far as possible by giving them all the help they need by advice at the time of examination, by meeting them on "Parents' Days" and at the evening meetings of "Parents' Associations." The latter is a form of activity which has been growing up lately under the leadership of an energetic head teacher. Many members of the medical and dental staff have addressed gatherings of parents to explain the aims of their work. The eagerness with which they have been heard and the questions which have been submitted later show both that there was need of this exposition and that the audience was keenly alert to learn as much as possible of these services. It may be mentioned here that although no record is kept of the occasions when members of the staff meet the parents of school children the numbers of those occasions must be considerable. In addition calls are made on their exegetical services in "Health Weeks" or "Education Weeks."

Dr. Becker contributes an apposite paragraph on her experience at Thurnscoe in addressing the Parents' Association at The Hill Senior Girls' Council School. "I gave a talk on November 14th, 1938, and the mothers, of whom about 45 were present, were "very interested in learning about the mental development of a child from infancy to adolescence. "They probably had some idea of the age at which various abilities were acquired and would "know when a child was specially precocious or noticeably retarded but had never had the sequence "of these "mile-stones" of development laid before them with the approximate normal dates of "passing them. In addition to the evolution of these intellectual faculties the existence and meaning "of instinct, sex instinct among others was discussed and explained to them. The associated "emotional development so often ignored was dealt with and the frustration of these developments "causing unhappiness and disorders of behaviour led naturally to the subject of child guidance "and the type of case submitted to clinics for study and treatment."

"The mothers were too shy to ask questions from the audience to the platform but when "taking a cup of tea with them afterwards many interesting problems were brought forward and "I was asked if I would lecture to their daughters."

At the same time the co-operation of parents in securing adequate hours of sleep for children is not secured to the extent which it should be. Dr. Allan writes:—"The matter of "sufficient sleep still proves the biggest obstacle. Parents will not put or send their children to "bed at the proper time. It is the usual thing to learn that children of 4, 5 and 6 years of age go "to bed at 8 or 9 p.m. and some even won't go then but insist on waiting up until their parents "retire and it is the will of the child that decides."

13.—Co-operation of Teachers.

The co-operation of teachers is of the greatest value to the school medical inspector. With few exceptions it has been cordially given and the school medical inspector finds it of first rate importance either in providing information which the children cannot give or in supplementing and checking that given by parents. This knowledge of the family circumstances, family history and the possession of certain esoteric information often provides the clue to clinical puzzles. More and more it is recognised that medical inspection and treatment are now an integral part of the educational life of the child.

There are several matters associated with the work of school medical inspection which are almost entirely the teachers own responsibility:—

- (1) The selection of children for special examination.
- (2) The selection of children to have subsidiary nourishment in the intervals between the visits of school medical inspectors—and until these latter can endorse the teacher's action. The co-operation of teachers often draws attention to children who require additional nourishment.
- (3) Persuading parents to persevere in the treatment of children's defects. The teacher alone can ensure children wearing spectacles after they have been provided. Teachers with enthusiasm for medical work, who give a lesson on the care of the teeth before the dentist's visit, send up the number of acceptances to a gratifying height.
- (4) There are many unobtrusive ways in which the teacher helps the work and the number of conferences held with them singly is an index of how they can further the work.

Conferences with the Teachers' "Consultative Committee" have shown that they are somewhat apprehensive about the safety of children who have to pass along or cross busy highways in going to and from the school clinics. The policy of having school clinics within the grounds of the schools will gradually eliminate this cause of apprehension. The diminishing school population may render certain rooms redundant and available as school clinics. On the other hand, it must be remembered that apart from journeys between schools and school clinics—the perils of the highway are a commonplace of present existence and have to be learned by experience.

The Senior Dental Officer, by invitation, addressed a divisional meeting of the National Union of Teachers on the subject of school dentistry and the address was followed by a barrage of questions which showed that the teachers were keenly interested in the subject.

14.—Co-operation of School Inquiry Officers.

This retains its place as a valuable factor in securing the attendance at school of certain children or pointing out, via the head teacher, the existence of unsatisfactory home conditions and the need for special medical attention to certain children. Their co-operation prevents the certificates of exemption from school from running beyond their intended duration.

15.—Co-operation of Voluntary Bodies.

The officers of the National Society for the Prevention of Cruelty to Children do valuable work on behalf of children in their tactful and unobtrusive way. It might be mentioned that a considerable amount of correspondence takes place with parents who are considered to be guilty of dereliction of duty to their children. A letter of explanation of the aims of medical inspection with special references to the child in question, giving a reasoned account of the child's defect and the recommended treatment, is often sent before passing the report to the N.S.P.C.C. for action.

16.—Blind, Deaf and Epileptic Children.

These children are classified in various sections of Table III. The report for 1937 gave details of the provision which is proposed for these classes of children.

17.—Nursery Schools.

There is one nursery school at Castleford in active operation. The children there are extremely happy in their occupation. The medical arrangements include an annual inspection by a medical officer and other informal visits when necessary, together with weekly visits by the school nurse.

Another nursery school at Rawmarsh is approaching completion.

There are 70 nursery classes provided in schools in different parts of the County. These receive regular and more frequent visits than ordinary elementary schools.

18.—Secondary Schools.

Medical inspection is carried out in all the secondary schools and also in the Keighley and Batley Junior Art Schools. In these schools the rule operating—in accordance with the desire of the Committee—is for a male inspector to examine the boys and a female for the girls. This is difficult to arrange as the proportion of male medical officers to female, *viz.*:—4 to 12, is so small that a considerable amount of travelling is involved.

19.—Continuation Schools.

Two Junior Instruction Centres were in operation during the year at Mexborough (400 boys), and Pontefract (200 boys). Arrangements for medical inspection were made and the School Medical Inspectors after two or three visits decided that a monthly visit was sufficient. The examination consists of a routine inspection of all entrants and recommendations are made to the Superintendent of each centre regarding treatment required. In the case of pupils over 16 years of age, such treatment can be obtained from the panel doctor as the pupils are insured, but under that age treatment is given at the school clinics.

Dental treatment was also offered but very few students availed themselves of this service.

20.—Employment of Children and Young Persons.

During 1938 the School Medical Inspectors examined 1,260 children who desired to be employed out of school hours in the delivery of newspapers or milk, and of these, 25 were rejected as being unsuitable for such work.

21.—Miscellaneous.

CLINICAL PATHOLOGY.

The following specimens were taken by the school medical staff and submitted to the County Laboratory for examination:—

Throat Swabs	...	...	...	...	...	...	...	...	...	351
Hairs and Scales for Ringworm	...	...	...	...	...	...	...	...	...	66
Miscellaneous Specimens	...	...	...	...	...	...	...	...	...	109
										<hr/> 526 <hr/>

MEDICAL EXAMINATIONS, ETC.

Special examinations were made by the School Medical Inspectors of mentally and physically defective children, teachers, candidates for bursarships and others in addition to their ordinary duties. A summary of these is given below:—

(a)	Cases examined under the Mental Deficiency Acts and the Education Act	1,565
(b)	School Absentees	236
(c)	Teachers, Candidates, etc.	56
(d)	Children for Licences for Entertainments	74
		<hr/> 1,931

The School Oculists examined 757 cases under the Blind Persons Act, in addition to their work in schools. Medical certificates were submitted to the School Medical Officer in respect of 79 applicants for admission to Bingley Training College.

BINGLEY TRAINING COLLEGE.

Special visits were made to the college in May by **Dr. Allan** to examine 79 students who were about to complete their second year of training.

The candidates, after examination, were classified as follows:—

A.1, 56; A.2, 23.

In September, **Dr. Allan** again visited the college to examine 77 newly admitted students.

These were classified as under:—

A.1, 65; A.2, 12.

County Hall, Wakefield
March 1939.

T. N. V. Potts,
School Medical Officer.

TABLE I.
Return of Medical Inspections (Elementary).

A. ROUTINE MEDICAL INSPECTIONS.									
Entrants	...	...	...	...	...	...	...	...	16,673
Intermediates	...	...	...	...	...	...	...	...	18,915
Leavers	...	...	...	...	...	...	...	...	15,602
Total									51,190
Number of other Routine Inspections									—
Grand Total									51,190
B. OTHER INSPECTIONS.									
Number of Special Inspections									4,956
Number of Re-inspections									15,427
Total									20,383

C.—Number of individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)

Code Groups—									
Entrants	3,548
Intermediates	4,799
Leavers	3,903
Total (code groups)									12,250
Other Routine inspections									—
Grand Total									12,250

TABLE I. (a).
Return of Medical Inspections (Secondary).

A. ROUTINE MEDICAL INSPECTIONS.									
Entrants	...	...	...	...	...	...	...	...	3,567
Age Group 15	...	...	...	...	...	...	...	...	2,526
Total									6,093
B. OTHER INSPECTIONS.									
Number of Special Inspections									339
Number of Re-inspections									1,214
Total									1,553

C.—Number of individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)

Code Groups—									
Entrants	623
Age Group 15	539
Total (code groups)									1,162
Other Routine inspections									—
Grand Total									1,162

TABLE II. (A)

Return of Defects found in the course of Medical Inspection of Elementary School Children in 1938.

DEFECT OR DISEASE.						Routine Inspections.		Specials	
						Number referred for treatment.	No. requiring to be kept under obser- vation, but not referred for treat- ment.	Number referred for treatment.	No. requiring to be kept under obser- vation, but not referred for treat- ment.
Skin	Ringworm	{ Head ...	1	...	...	19	3	8	—
		{ Body ...	2	...	...	11	—	5	—
	Scabies	...	3	...	...	163	8	70	3
	Impetigo	...	4	...	...	330	6	104	—
	Other Diseases (Non-Tubercular)	...	5	...	...	463	135	105	20
Total (Heads 1 to 5)						986	152	292	23
Eyes	Blepharitis	...	6	...	...	490	47	154	15
	Conjunctivitis	...	7	...	...	107	2	27	—
	Keratitis	...	8	...	...	1	1	2	1
	Corneal Opacities	...	9	...	...	31	24	4	5
	Other Conditions (excluding defective vision and squint)	...	10	...	...	92	49	32	11
Total (Heads 6 to 10)						721	123	219	32
Ears	Defective vision (excluding squint)	...	11	...	...	3,778	1,182	2,143	625
	Squint	...	12	...	...	647	312	200	67
	Defective Hearing	...	13	...	...	137	132	45	38
	Otitis Media	...	14	...	...	454	82	138	40
	Other Ear Diseases	...	15	...	...	158	12	37	6
Nose and Throat.	Enlarged Tonsils	...	16	...	...	1,431	4,865	425	747
	Adenoids	...	17	...	...	187	128	42	19
	Enlarged Tonsils and Adenoids	...	18	...	...	1,443	362	516	78
Enlarged Cervical Glands (Non-Tubercular)	Other Conditions	...	19	...	...	310	188	56	62
	Defective Speech	...	20	...	...	149	2,345	65	213
		...	21	...	...	72	164	20	40
Heart and Circulation	Heart Disease	{ Organic ...	22	...	...	253	290	104	119
		{ Functional ...	23	...	...	64	515	25	109
	Anæmia	...	24	...	...	895	740	396	225
Lungs	Bronchitis	...	25	...	...	613	303	46	42
	Other Non-Tubercular Diseases	...	26	...	...	66	368	17	47
Tuberculosis	Pulmonary	{ Definite ...	27	...	...	7	4	4	1
		{ Suspected ...	28	...	...	52	44	6	14
		{ Glands ...	29	...	...	55	132	16	42
	Non-Pulmonary	Bones and Joints	30	...	...	9	13	2	10
		Skin	31	...	...	3	2	3	2
		Other Forms	32	...	...	29	28	7	9
		Total (Heads 11 to 32)	...	...	...	10,812	12,220	4,313	2,555
Nervous System	Epilepsy	...	33	...	...	15	30	5	7
	Chorea	...	34	...	...	36	31	14	8
	Other Conditions	...	35	...	...	64	272	20	80
Deformities	Rickets	...	36	...	...	37	106	9	18
	Spinal Curvature	...	37	...	...	121	353	44	104
	Other Forms	...	38	...	...	250	183	58	58
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)						857	2,264	287	442
TOTAL						13,899	15,734	5,261	3,327

Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age Groups.		Number of Children Inspected.	A. (excellent.)		B. (normal.)		C. (slightly sub-normal)		D. (bad.)	
			No.	%	No.	%	No.	%	No.	%
Entrants	...	16,673	2532	15.2	11812	70.8	2279	13.7	50	0.3
Intermediates	...	18,915	2527	13.4	13069	69.1	3176	16.8	143	0.7
Leavers	...	15,602	2554	16.4	10765	69.0	2157	13.8	126	0.8
Other routine inspections	...	—	—	—	—	—	—	—	—	—
TOTAL		51,190	7613	14.9	35646	69.6	7612	14.9	319	0.6

TABLE IIa.—A.

Return of defects found in the course of Medical Inspection of
Secondary School Children in 1938.

DEFECT OR DISEASE.					Routine Inspections.		Specials.		
					Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	
Skin	{	Ringworm	{ Head	1	—	—	—	—	
			{ Body	2	1	1	—	—	
		Scabies		3	—	—	1	—	
		Impetigo		4	3	1	2	—	
		Other Diseases (Non-Tubercular)		5	77	28	6	1	
Total (Heads 1 to 5)					81	30	9	1	
Eyes	{	Blepharitis		6	20	7	2	—	
		Conjunctivitis		7	3	—	1	—	
		Keratitis		8	—	—	—	—	
		Corneal Opacities		9	1	6	—	15	
		Other Conditions (excluding defective vision and squint)		10	11	5	2	2	
		Total (Heads 6 to 10)		35	18	5	17		
Ears	{	Defective Vision (excluding squint)		11	559	363	182	65	
		Squint		12	13	30	3	1	
		Defective Hearing		13	7	10	3	1	
		Otitis Media		14	15	2	3	2	
		Other Ear Diseases		15	16	—	5	—	
Nose and Throat.	{	Enlarged Tonsils		16	75	282	13	14	
		Adenoids		17	6	5	7	1	
		Enlarged Tonsils and Adenoids		18	31	16	8	2	
		Other Conditions		19	27	16	2	2	
Enlarged Cervical Glands (Non-Tubercular)					20	13	60	2	2
Defective Speech					21	16	2	—	—
Heart and Circulation	{	Heart	{ Organic	22	17	52	10	34	
		Disease	{ Functional	23	3	52	1	14	
		Anæmia		24	76	4	37	2	
Lungs	{	Bronchitis		25	22	2	2	—	
		Other Non-Tubercular Diseases		26	4	13	1	3	
Tuberculosis	{	Pulmonary	{ Definite	27	—	—	—	—	
			{ Suspected	28	—	1	—	1	
	{	Non-Pulmonary	Glands	29	—	7	1	—	
			Bones and Joints	30	—	1	—	—	
			Skin	31	1	5	—	—	
			Other Forms	32	2	—	—	—	
Total (Heads 11 to 32)					903	923	280	144	
Nervous System	{	Epilepsy		33	—	—	—	2	
		Chorea		34	1	5	1	1	
		Other Conditions		35	4	24	1	1	
Deformities	{	Rickets		36	5	12	—	2	
		Spinal Curvature		37	50	72	7	8	
		Other Forms		38	132	187	8	6	
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)					39	82	221	24	20
TOTAL					1,293	1,492	335	202	

Classification of the Nutrition of Children Inspected during the year in
the Routine Age Groups.

Age Groups.		Number of Children Inspected.	A. (excellent.)		B. (normal.)		C. (slightly sub-normal.)		D. (bad.)	
			No.	%	No.	%	No.	%	No.	%
Entrants	...	3,567	699	19.6	2663	74.7	203	5.7	2	—
Age-group 15	...	2,526	628	24.9	1749	69.2	146	5.8	3	0.1
TOTAL		6,093	1327	21.8	4412	72.4	349	5.7	5	0.1

TABLE III.

Return of all Exceptional Children in the West Riding,
31st December, 1938.

BLIND CHILDREN					
At Certified Schools for the Blind					40
At Public Elementary Schools					4
At other Institutions					—
At no School or Institution					5
					49
PARTIALLY BLIND CHILDREN					
At Certified Schools for the Blind.					—
At Certified Schools for the Partially Blind					32
At Public Elementary Schools					43
At other Institutions					—
At no School or Institution					30
					105
DEAF CHILDREN					
At Certified Schools for the Deaf					110
At Public Elementary Schools					2
At other Institutions					—
At no School or Institution					8
					120
PARTIALLY DEAF CHILDREN					
At Certified Schools for the Deaf and Partially Deaf					20
At Public Elementary Schools					4
At other Institutions					—
At no School or Institution					—
					24
MENTALLY DEFECTIVE CHILDREN (Feeble-minded Children)					
At Certified Schools for Mentally Defective Children					21
At Public Elementary Schools					259
At other Institutions					8
At no School or Institution					163
					451
EPILEPTIC CHILDREN (Children suffering from Severe Epilepsy)					
At Certified Special Schools					11
At Public Elementary Schools					18
At other Institutions					—
At no School or Institution					32
					61
PHYSICALLY DEFECTIVE CHILDREN (Children Suffering from Pulmonary Tuberculosis—including Pleura and Intra-Thoracic Glands)					
At Certified Special Schools					30
At Public Elementary Schools					257
At other Institutions					23
At no School or Institution					29
					339
Children suffering from Non-Pulmonary Tuberculosis)					
At Certified Special Schools					89
At Public Elementary Schools					544
At other Institutions					36
At no School or Institution					46
					715
(Delicate Children)					
At Certified Special Schools					110
At Public Elementary Schools					228
At other Institutions					2
At no School or Institution					147
					487
(Crippled Children)					
At Certified Special Schools					54
At Public Elementary Schools					118
At other Institutions					10
At no School or Institution					132
					314
(Children with Heart Disease)					
At Certified Special Schools					27
At Public Elementary Schools					63
At other Institutions					—
At no School or Institution					94
					184
CHILDREN SUFFERING FROM MULTIPLE DEFECTS.					
Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
Deaf and Feeble Minded	2	—	—	1	3
Epilepsy and Feeble Minded	—	3	2	9	14
Cripple and Feeble Minded	—	6	—	13	19
Blind and Feeble Minded	—	—	—	1	1
Blind and Cripple ...	—	—	—	1	1
Cripple and Epilepsy ...	—	—	—	1	1
TOTAL ...	2	9	2	26	39

TABLE IV.

Return of Defects Treated during the year ended 31st December, 1938.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness).

Defect or Disease (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin.			
Ringworm—Scalp			
(1) X-Ray Treatment	2	16	18
(2) Other Treatment	198	46	244
Ringworm—Body	154	23	177
Scabies	1,185	195	1,380
Impetigo	9,365	312	9,677
Other Skin Diseases	2,744	89	2,833
Minor Eye Defects (External and other, but excluding cases falling in Group II).	2,098	177	2,275
Minor Ear Defects	2,287	162	2,449
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	32,446	780	33,226
TOTAL ...	50,479	1,800	52,279

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) (Operations for Squint are recorded separately in the body of the Report) ...	6,222	202	6,424
Other Defect or Disease of the eyes excluding those recorded in Group I)	—	—	—
TOTAL ...	6,222	202	6,424
Number of children for whom spectacles were			
(a) Prescribed	4,459	202	4,661
(b) Obtained	4,057	57	4,114

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
132	91	2960	193	214	45	475	100	346	136	3435	293	190	4400
(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.													

Group IV.—Orthopædic and Postural Defects.

Number of children treated	Under the Authority's Scheme. (1)			Otherwise (2)			Total number treated
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-residential treatment at an orthopædic clinic (iii)	Residential treatment with education (i)	Residential treatment without education (ii)	Non-residential treatment at an orthopædic clinic (iii)	
	76	—	—	—	52	112	240

Table V.—Dental Inspection and Treatment (Elementary).

(1) Number of children inspected by the Dentist.
(a) Routine age-groups.

AGE.	5	6	7	8	9	10	11	12	13	14	TOTAL.
Number	10344	11880	12400	13055	12574	12190	10011	8162	6502	1738	98856

(b) Specials	...	...	...	...	...	...	...	...	...	...	3,055
(c) TOTAL (Routine and Specials)	...	...	...	...	...	...	...	...	...	...	101,911
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	...	70,107
(3) Number actually treated	...	...	...	...	...	...	...	...	...	...	43,503
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	...	...	60,423

(5) Half-days devoted to:— Inspection ... 1,139 Treatment ... 8,420 TOTAL ... 9,559	(7) Extractions:— Permanent Teeth 19,426 Temporary Teeth 86,305 TOTAL ... 105,731
(6) Fillings:— Permanent Teeth ... 34,847 Temporary Teeth ... 706 TOTAL ... 35,553	(8) Administrations of general anæsthetics for extractions 727 (9) Other Operations:— Permanent Teeth 5,335 Temporary Teeth 415 TOTAL ... 5,750

Table Va.—Dental Inspection and Treatment (Secondary).

(1) Number of children inspected by the Dentist.

(a) Routine age-groups.

AGE	8	9	10	11	12	13	14	15	16	17	18	TOTAL
Number	15	37	174	590	841	870	883	796	486	207	66	4965
(b) Specials	—
(c) TOTAL (Routine and Specials)	4,965
(2) Number found to require treatment	3,760
(3) Number actually treated	2,692
(4) Attendances made by children for treatment	4,665

(5) Half-days devoted to:—												
Inspection	...	...	...	62								
Treatment	...	...	...	891								
TOTAL	...	...	...	953								

(7) Extractions:—												
Permanent Teeth											2,098	
Temporary Teeth											594	
TOTAL	...	...	...	...	...	...	...	...	...	...	2,692	

(8) Administrations of general anæsthetics for extractions											56	
(9) Other Operations:—												
Permanent Teeth											783	
Temporary Teeth											—	
TOTAL	783	

Table VI.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by the School Nurses ...	...	...	...	...	...	...	...	...	7.7
(2) Total number of examinations of children in the Schools by School Nurses ...	...	...	...	...	...	...	...	...	387,628
3) Number of individual children found unclean ...	...	...	...	...	...	...	...	...	2,129
(4) Number of children cleansed under arrangements made by the Local Education Authority ...	...	...	...	...	...	...	...	...	378
(5) Number of cases in which legal proceedings were taken—									
(a) Under the Education Act, 1921 ...	...	...	...	...	...	...	...	...	—
(b) Under School Attendance Bye-laws ...	...	...	...	...	...	...	...	...	—

